

Clerk

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

MIDDLE District of PENNSYLVANIAHarrisburg Division

Case No. _____

(to be filled in by the Clerk's Office)

DELVON LAMAR WILLIAMS

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

DR. S. HOEY DO SEE ATTACHED

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

FILED
SCRANTON

MAY 05 2020

Per _____

DEPUTY CLERK

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS
(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

I. The Parties to This Complaint**A. The Plaintiff(s)**

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	<u>Delvon Lamar Williams</u>		
All other names by which you have been known:	<u></u>		
ID Number	<u>60442-018</u>		
Current Institution	<u>FCI Schuylkill</u>		
Address	<u>P.O. Box 759</u>		
	<u>Minersville, PA</u>	<u>17954-0759</u>	
	<u>City</u>	<u>State</u>	<u>Zip Code</u>

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. Make sure that the defendant(s) listed below are identical to those contained in the above caption. For an individual defendant, include the person's job or title (*if known*) and check whether you are bringing this complaint against them in their individual capacity or official capacity, or both. Attach additional pages if needed.

Defendant No. 1

Name	<u>Dr. S. Hoey</u>		
Job or Title (<i>if known</i>)	<u>Clinical Director, FCI Williamsburg</u>		
Shield Number	<u></u>		
Employer	<u>FCI Williamsburg</u>		
Address	<u>8301 US HWY 521</u>		
	<u>Salters</u>	<u>SC</u>	<u>29590</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

Defendant No. 2

Name	<u>Christopher Davis</u>		
Job or Title (<i>if known</i>)	<u>APRN/FNP-C</u>		
Shield Number	<u></u>		
Employer	<u>FCI Williamsburg</u>		
Address	<u>8301 US HWY 521</u>		
	<u>Salters,</u>	<u>SC</u>	<u>29590</u>
	<u>City</u>	<u>State</u>	<u>Zip Code</u>
<input checked="" type="checkbox"/> Individual capacity <input checked="" type="checkbox"/> Official capacity			

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Defendant No. 3

Name R. Good
 Job or Title (if known) Corrections Counselor
 Shield Number _____
 Employer FCI Williamsburg
 Address 8301 US HWY 521
Salters SC 29590
City State Zip Code
☒ Individual capacity ☒ Official capacity

Defendant No. 4

Name B.M. Antonelli
 Job or Title (if known) Warden (2018)
 Shield Number _____
 Employer FCI Williamsburg
 Address 8301 UC HWY 521
Salters, SC 29590
City State Zip Code
☐ Individual capacity ☐ Official capacity

II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

- ☒ Federal officials (a *Bivens* claim)
☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

- a) Right to proper and sufficient medical attention
 b) Right to be free from Deliberate Indifference

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c) Right to be free from Medical Negligence

d) Right to be free from Medical Malpractice

e) Right to due process - Def Good, ANTONELLI, Reg Dir, Connors

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

III. Prisoner Status

Indicate whether you are a prisoner or other confined person as follows (check all that apply):

- ☐ Pretrial detainee
- ☐ Civilly committed detainee
- ☐ Immigration detainee
- ☐ Convicted and sentenced state prisoner
- ☒ Convicted and sentenced federal prisoner
- ☐ Other (explain) _____

IV. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. If the events giving rise to your claim arose outside an institution, describe where and when they arose.

- B. If the events giving rise to your claim arose in an institution, describe where and when they arose.

All events surrounding my claims are at all times within the FCI Williamsburg prison. Beginning March 2, 2018 (circa)

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C. What date and approximate time did the events giving rise to your claim(s) occur?

Prior to March 2, 2018, when Dr. S. Hoey-Do over medicated me without routinely checking my blood levels to ensure I was not being over medicated.

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

- a) I am a known seizure patient
 - b) On a date prior to March 2, 2018, FCI Williamsburg Physician Dr. S. Hoey-Do prescribed a lethal dose of a seizure medication, Phenytoin Oral Susp 125 MG/5 ML, 237 ML
SEE ATTACHED ADDITION
-

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

- 1) Williams experienced a near death episode.
 - 2) Williams was hospitalized for four (4) days treatment to detox him from the toxic amounts of Phenytoin, at and under the care of Dr. Tony Gamble.
 - 3) During this whole period of toxic levels of Phenytoin running through his body, Williams had suffered multiple seizures.
-

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

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VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

☒ Yes

☐ No

If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

FCI Williamsburg

B. Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?

☒ Yes

☐ No

☐ Do not know

C. Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?

☒ Yes

☐ No

☐ Do not know

If yes, which claim(s)?

All claims, directly and indirectly

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- D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?

☒ Yes

☐ No

If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

☐ Yes

☐ No

- E. If you did file a grievance:

1. Where did you file the grievance?

The claim began while Williams was assigned to FCI Williamsburg, and continued while he was transferred to other facilities, including the one he is currently housed, FCI Schuylkill

2. What did you claim in your grievance?

The claim began as not being given medication, then it included being over medicated, negligence, malpractice as well as other issues concerning the issue.

3. What was the result, if any?

In each of the responses from the Warden (BP-9) through the final level of appeal (BP-11), the responses alluded the words "granted" or "denied", but stuck to what BOP is notorious for..."no further response will be given, this is for information only.

4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. *(Describe all efforts to appeal to the highest level of the grievance process.)*

All steps were appealed to the appropriate agent, thru the final level of appeal, all administrative remedies have been exhausted.

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F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here:

2. If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:

G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

After the "overmedicated" incident, Williams has continually experienced increased seizure activities, and changes in seizure medication regimens

(Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.)

VIII. Previous Lawsuits

The "three strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying the filing fee if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, brought an action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, malicious, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent danger of serious physical injury." 28 U.S.C. § 1915(g).

To the best of your knowledge, have you had a case dismissed based on this "three strikes rule"?

☐ Yes

☒ No

If yes, state which court dismissed your case, when this occurred, and attach a copy of the order if possible.

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- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

☐ Yes

☒ No

- B. If your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition. _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

- C. Have you filed other lawsuits in state or federal court otherwise relating to the conditions of your imprisonment?

N/A

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☐ Yes

☒ No

D. If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. *(If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)*

1. Parties to the previous lawsuit

Plaintiff(s) _____

Defendant(s) _____

2. Court *(if federal court, name the district; if state court, name the county and State)*

3. Docket or index number

4. Name of Judge assigned to your case

5. Approximate date of filing lawsuit

6. Is the case still pending?

☐ Yes

☐ No

If no, give the approximate date of disposition _____

7. What was the result of the case? *(For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)*

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IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing:

4/30/20

Signature of Plaintiff

Delvon L. Williams

Printed Name of Plaintiff

Delvon L. Williams

Prison Identification #

60442-018

Prison Address

FCI Schuylkill P.O. Box 759

Minersville, PA 17954-0759

City

State

Zip Code

B. For Attorneys

Date of signing:

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

City

State

Zip Code

Telephone Number

E-mail Address

ATTACHMENT I

DELVON L. WILLIAMS v DR. S. HOEY, D.O. et al

Continuation Pg 1. List of Defendants

Def. 1. Dr. S. Hoey, D.O.
Def. 2. Christopher Davis, APRN/FNP-C
Def. 3. R. Good, Corrections Counselor
Def. 4. R.M. Antonelli, Waeden
Def. 5. John Doe, Regional Director, South East Region
Def. 6. Ian Connors, Administrative Appeal Director

Continuation Pg 3. (I) (B) The Defendants

Defendant No. 5 John Doe
Name: John Doe
Job or Title : Regional Director, South East Region
Employer: Federal Bureau of Prisons
Address: 3800 Camp Creek Parkway, SW Bldg 2000
Atlanta, Georgia 30331-6226

Defendant No. 6
Name: Ian Connors
Job or Title: Administrator National Inmate Appeals
Employer: Federal Bureau of Prisons
Address: Office of General Counsel, BOP
320 First Street, NW
Washington, DC 20534

Continuation Pg 5 (IV)(D)

(c) On numerous occasions I reported to medical staff, advising them that I was not feeling well, or funny (see attached exhibits). Each time I advised them that I was walking around like I was "drunk." And each time medical staff would check my vitals and send me back to my dorm after telling me I was "fine" particularly Defendant Davis. Additionally staff would tell me there was nothing wrong with me, yet as the exhibits provide, I continued to have seizures.

ATTACHMENT II

DEVLON L. WILLIAMS v. DR. S. HOEY, D.O., et al

- (d) On or about May 14, 2018, I once again reported to medical staff that I was not feeling "right" after which medical staff ordered me to return to my dorm. I refused and demanded to see an Lt. For unknown reasons, after I spoke with the Lt., I was rushed to Williamsburg Regional Hospital, at which time Dr. Troy Gamble, the attending physician, admitted me due to dilantin toxicity (Ex. 25-B). At one point, Dr. Gamble whispered to me, "what are they trying to do, kill you?" referring to the toxic level of 34.7.
- (e) Dr. Gamble discontinued the Dilantin due to toxicity and due to seizures continuing, and due to Gingival Hyperplasia from the Dilantin (Ex. 25-B). Dr. Gamble replaced the Dilantin with Keppra, which the fact is, after being placed on Keppra, I did not have a single seizure during my stay at the hospital. Dr. Gamble made it very clear there was no medical reason to keep me on Dilantin if I was having frequent seizures after all this time. The exhibits paint a fact, regardless of dosage of Dilantin by Defendants Hoey and Davis, I continued having frequent seizures, which provides us another fact; it was not the dosage of Dilantin but Dilantin itself that was not working. Another fact, until Dr. Gamble came along and changed Dilantin to Keppra, seizures were abundant. After the change, there was a dramatic decrease in seizure activity.
- (f) the prescription Dr. Gamble set for Keppra was working, however, as soon as I was released from the hospital, Defendant Davis changed the dosage to a lower dose (Ex. 32 and 33). We now know seizure activity increased.
- (g) Another fact, Exhibit 23 provides us a clear picture that for whatever reason Defendant Davis discontinued my lower bunk pass that is issued to inmates with seizures. The fact doesn't lie.
- (h) In each medical encounter, Defendant Hoey was notified and co-signed.
- (i) The Exhibits show clearly that I complained that nothing was being done about the seizures. We now know Defendants Hoey and Davis merely kept changing the Dilantin doses but did nothing else. (Ex. 9).

ATTACHMENT III

- (j) Another fact, when I complained about not feeling right or feeling "funny" no one tested my Dilantin level on those instances, and the fact is no one checked my gums for hyperplasia except Dr. Gamble.
- (k) Another fact. Dr. Gamble made it very clear, the toxicity was from toxic levels of Dilantin (Ex. 25-B), however, for unknown reasons, after being discharged from the hospital and returned to prison, Defendant Davis provided "toxicity from unspecified substance (Ex. 35-A).
- (l) For whatever reason, on the paperwork prepared by Defendant Davis, he provided that I was currently using cannabis and cocaine (Ex. 24-A), however, we now know that was a false accusation by Defendant Davis because Dr. Gamble had me tested for them, which were negative test results (Ex. 28-D). This debunked Defendant Davis' theory that my medical condition was caused by drugs.
- (m) The staff at my prison came up with so many theories as to what caused the Dilantin toxicity, even to the extent of saying it was because I was rinsing the bottom of my medication cup (Ex. 41).
- (n) When I asked for my medical records, a lot was blacked out. I complained but was told by AHSA Darlen Brown that it was permitted (Ex. 42).
- (o) I always asked to see Defendant Hoey but was refused numerous times.
- (p) Even though I continued to have seizures and suffered, neither Def. Hoey NOR Davis changed my medication.

BP-2148.055

SEP 98

INMATE REQUEST TO STAFF CDFRM

U.S. DEPARTMENT OF JUSTICE

FEDERAL BUREAU OF PRISONS

TO: (Name and Title of Staff Member) Health Services Unit for Triage request	DATE: 10/30/14
FROM: NEWON WILLIAMS	REGISTER NO.: 60442018
WORK ASSIGNMENT:	UNIT: 3B-U

SUBJECT: (Briefly state your question or concern and the solution you are requesting. Continue on back, if necessary. Your failure to be specific may result in no action being taken. If necessary, you will be interviewed in order to successfully respond to your request.

Request for (circle one): MEDICAL DENTAL Submit separate requests for each.

DESCRIBE YOUR CONDITION HERE (describe brevemente su condicion aqui): PLEASE USE INK

I TAKE LIQUID ALCANTIN MEDS AND THEY ARE SAYING THEY R GOING TO CHANGE IT TO CAPSULE MY BRAIN DOCTOR SAID THAT'S NOT GOOD AND I CANT TAKE NO KIND OF PILL FORM MEDS THAT'S WHY IM ON LIQUID AND JUST HAD A BAD SEIZURE @ AT THE HOLD-
OVER IN GEORGIA AND LIQUID IT'S U FASTER AND I CAN'T CHANGE MEDS

How long have you had this problem? 3 Days ___ Months ___ Years

(Do not write below this line)

DISPOSITION:

- ☐ You have been scheduled an appointment on this date _____ watch call-outs for time.
- ☐ All appointment dates and times are subject to change.
- ☐ Watch call-outs, you have been scheduled for an appointment to be seen at Health Services.
- ☐ Follow up for this problem(s) will be during your next chronic care clinic which will be in the month of: _____ (approximate). Your request was forwarded to medical records.
- ☐ All test(s)/X-rays were either normal or expected based on your medical condition(s).
- ☐ Watch call-out for labs that have been ordered.
- ☐ No appointment for this problem(s). See attached. Ice 20 minutes on 2 hours off.
- ☐ Your request for dental triage and or cleaning has been received, watch call-outs.
- ☐ Your meds were renewed, submit Rx refill form to pharmacy to receive your meds when they are due.
- ☐ You may purchase over-the-counter (OTC) medication for this condition.
- ☐ You may purchase over-the-counter (OTC) medication for this condition.
- ☐ Ibuprofen ___ Acetaminophen ___ Muscle Rub ___ Antifungal (tolnaftate) Cream ___ other (see below)

Advised Capsules Dikater used here

Signature Staff Medical Officer David Massa, MD
FCI/PPC Williamsburg Date 10/30/14

Record Copy - File; Copy - Inmate
(This form may be replicated via WP)

This form replaces BP-148.070 dated Oct 86 and BP-S148.070 APR 94

FILE IN SECTION 6 UNLESS APPROPRIATE FOR PRIVACY FOLDER

SECTION 6

Ex-1

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Massa, David MD	Facility: WIL
Encounter Date: 12/09/2014 11:29		Unit: F04

Chronic Care encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Massa, David MD

Chief Complaint: NEUROLOGY

Subjective: New arrival, assign CCC NEUROLOGY due to hx of seizure disorder. Inmate last had seizure when not given his medication in non-Federal holdover facility about 1-2 months ago. When he takes his medication he has no problem. No seizures since here. Would like to self-carry medication.

Pain Location:

Pain Scale: 0

Pain Qualities:

History of Trauma:

Onset:

Duration:

Exacerbating Factors:

Relieving Factors:

Comments:

Seen for clinic(s): Neurology

Added to clinic(s): Neurology

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
12/09/2014	11:30 WIL	98.5	36.9	Oral	Massa, David MD

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
12/09/2014	11:30 WIL	76	Via Machine	Regular	Massa, David MD

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
12/09/2014	11:30 WIL	14	Massa, David MD

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/09/2014	11:30 WIL	115/79	Left Arm	Sitting	Adult-large	Massa, David MD

Weight:

<u>Date</u>	<u>Time</u>	<u>Lbs</u>	<u>Kg</u>	<u>Waist Circum.</u>	<u>Provider</u>
12/09/2014	11:30 WIL	227.0	103.0		Massa, David MD

Exam:

Diagnostics

Laboratory

Yes: Results

Inmate Name: WILLIAMS, DELVON LAMAR

Reg #: 60442-018

Date of Birth: 08/09/1981

Sex: M Race: BLACK

Facility: WIL

Encounter Date: 12/09/2014 11:29

Provider: Massa, David MD

Unit: F04

Exam:

11/14 CBC, CMP, Lipids, Hepatitis Panel, A1C, UA, RPR, HIV all normal/negative.
I can't find a dilantin level

General**Affect**

Yes: Cooperative

Appearance

Yes: Alert and Oriented x 3

No: Appears Distressed

Nutrition

Yes: BMI reviewed (enter in comments)

BMI 29.9, overweight, almost obese

Neurologic**Cranial Nerves (CN)**

Yes: CN 2-12 Intact Grossly

Coordination

Yes: Within Normal Limits

Coordination - Gait

Yes: Normal Gait

Coordination - Stance

Yes: Normal Stance

Level of Consciousness

Yes: Alert and Oriented x 3

ASSESSMENT:

Seizure disorder, other convulsions, 780.39 - Current, Chronic, At Treatment Goal

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Phenytoin Sodium ER (Dilantin) 100 mg Cap	12/09/2014 11:29	300 mgs Orally - daily x 180 day(s) -- may self carry

Indication: Seizure disorder, other convulsions

One Time Dose Given: No

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Inmate Name: WILLIAMS, DELVON LAMAR
 Date of Birth: 08/09/1981
 Encounter Date: 12/09/2014 11:29

Sex: M Race: BLACK
 Provider: Massa, David MD

Reg #: 60442-018
 Facility: WIL
 Unit: F04

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
77467-WIL	Dilantin Oral Capsule 100 MG (Brand Name)	12/09/2014 11:29	Take three capsules (300mg) by mouth each evening --- Pill Line only

Discontinue Type: When Pharmacy Processes

Discontinue Reason: Order changed

Indication:

One Time Dose Given:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-Phenytoin, Total	One Time	12/23/2014 00:00	Routine

Additional Information:

Can't find dilantin level in all his blood work done in Nov.

Lab Tests - Short List-General-Phenytoin, Total	One Time	05/08/2015 00:00	Routine
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Additional Information:

on Dilantin

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Chronic Care Visit CCC NEURO	06/09/2015 00:00	Physician 01

Disposition:

Follow-up at Sick Call as Needed
 Will Be Placed on Callout
 Follow-up in 6 Months

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
12/09/2014	Counseling	Compliance - Treatment	Massa, David	Verbalizes Understanding
12/09/2014	Counseling	Plan of Care	Massa, David	Verbalizes Understanding

dilantin will be self-carry from now on, but levels will be monitored, if subtherapeutic, will be returned to pill line



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name WILLIAMS, DELVON	Facility FCI Williamsburg	Collected 01/12/2016 9:00
Reg # 60442-018	Order Unit SPG Unit	Received 01/13/2016 12:01
DOB 08/09/1981	Provider Christopher Davis, APRN/FNP-	Reported 01/13/2016 13:51
Sex M	C	LIS ID 013161789

CHEMISTRY

Phenytoin, Total	12.8	10.0-20.0	ug/mL
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FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

EX 3-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Scanned Date:	01/25/2016 14:30	Race:	BLACK
		Facility:	WIL

Reviewed by Hoey, Stephen D.O. on 01/26/2016 10:28.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Hoey, Stephen D.O.	Facility: WIL
Encounter Date: 09/19/2017 11:41		Unit: F03

Physician - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Hoey, Stephen D.O.

Chief Complaint: Other Problem

Subjective: Pt brought to Health Services following episode at Food Services, thought to be a seizure; He apparently became verbally unresponsive with drooling, but conscious; this resolved slowly over time following transfer to Health Services. He was monitored until fully reactive, and, following information that he did not go to "pill-line" this a.m. for his Dilantin, he was given a "double" dose (i.e., 16 mL Dilantin 125 mg/5 mL @ 8:50 a.m.), and was discharged on his insistence. Valproate susp was ordered to start when available to Pharmacy. He again suffered another episode and transported back to Health Services for more prolonged observation, and to receive another dose of DPH at 12 noon. His neuro exam returned to baseline, with no evidence clinically of overlying pathology (i.e., illicit drug ingestion, meningitis, etc). Will increase DPH dosage judiciously and monitor levels and clinical progress.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
09/19/2017	09:10 WIL	97.7	36.5	Oral	Hoey, Stephen D.O.

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
09/19/2017	09:10 WIL	76	Apical	Regular	Hoey, Stephen D.O.

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
09/19/2017	09:10 WIL	14	Hoey, Stephen D.O.

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
09/19/2017	09:10 WIL	110/76	Left Arm	Sitting		Hoey, Stephen D.O.

Exam:

Pulmonary

Auscultation

Yes: Clear to Auscultation

No: Rhonchi, Wheezing, Expiratory-Wheezing

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR), Normal S1 and S2

No: M/R/G

Peripheral Vascular

General

No: Pitting Edema

From: ^!"WILLIAMS, ^IDELVON LAMAR" <60442018@inmatemessage.com>
To:
Date: 9/6/2016 7:06 AM
Subject: ***Request to Staff*** WILLIAMS, DELVON, Reg# 60442018, WIL-F-B

To: whoever in charge
Inmate Work Assignment: Hvac2

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

8d963265-5700-4d65-82e8-265543da1c02

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

Yall take to long to responds; to a person's situation may be life are death situation I been to sick call 3 4 times for this funny feeling I keep having on seizure medication and yall ain't did NOTHING to see what's the problem just need to know if i need to call whoever over yall are what?

WATCH CALLOUTS For
Appointments - Could not
Describe problem to the
AT Sick Call - Med. is
Fenofibrate, Available AT pill line

C DAVIS APRN
FCI/SCP
Williamsburg SC

9/6/16

Ex 94

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WILLIAMS, DELVON LAMAR	Reg #: 60442-018	
Date of Birth: 08/09/1981	Sex: M Race: BLACK	Facility: WIL
Note Date: 10/21/2016 10:20	Provider: Davis, Christopher	Unit: F03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Davis, Christopher APRN/FNP-C

Dilantin result is 47.5. Inmate called to come over once count clears

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Phenytoin Oral Susp 125 MG/5ML	10/21/2016 10:20	7.5 ml Orally - Two Times a Day x 180 day(s) Pill Line Only -- Start on 10/24/2016

Indication: Seizure disorder, other convulsions

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
101020-WIL	Phenytoin Oral Susp 125 MG/5ML 237ML	10/21/2016 10:20	take 10ml by mouth twice daily ***note increased dose***

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 10/21/2016 10:23

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	10/21/2016 10:24	Provider:	Davis, Christopher
		Facility:	WIL
		Unit:	F03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Davis, Christopher APRN/FNP-C

Dilantin result is 47.5. Inmate called to come over once count clears

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-P-Phenytoin, Total	One Time	11/10/2016 00:00	Routine
Labs requested to be reviewed by: Hoey, Stephen D.O.			

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 10/21/2016 10:25

EX S-f



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name	WILLIAMS, DELVON	Facility	FCI Williamsburg	Collected	10/20/2016 10:21
Reg #	60442-018	Order Unit	F03	SPG Unit	Received 10/21/2016 10:30
DOB	08/09/1981	Provider	Stephen Hoey, DO	Reported	10/21/2016 12:04
Sex	M			LIS ID	294161135

CHEMISTRY

Sodium		140	137-148	mmol/L
Potassium		4.3	3.5-5.0	mmol/L
Chloride	L	97	99-114	mmol/L
CO2		27	22-30	mmol/L
BUN		13	7-22	mg/dL
Creatinine		0.75	0.66-1.25	mg/dL
eGFR (IDMS)		>60		

GFR units measured as mL/min/1.73 m². If African American multiply by 1.210.
A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium		9.6	8.5-10.9	mg/dL
Glucose		101	70-110	mg/dL
AST		34	11-55	U/L
ALT		37	11-66	U/L
Alkaline Phosphatase		87	41-133	U/L
Bilirubin, Total		0.6	0.2-1.3	mg/dL
Total Protein		8.0	6.0-8.2	g/dL
Albumin		4.5	3.6-5.1	g/dL
Globulin		3.5	2.0-3.7	g/dL
Alb/Glob Ratio		1.30	1.00-2.30	
Anion Gap		15.7	9.0-19.0	
BUN/Creat Ratio		16.8	5.0-30.0	
Phenytoin, Total	H!	22.0	10.0-20.0	ug/mL

Critical Result verified and called to PA Harrell by CP.
Result read back on 10/21/2016 at 11:03 AM.

CRP		0.6	0.5-0.9	mg/dL
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HEMATOLOGY

WBC		6.2	4.3-11.1	K/uL
RBC		5.34	4.46-5.78	M/uL
Hemoglobin		14.7	13.6-17.6	g/dL
Hematocrit		46.0	40.2-51.4	%
MCV		86.2	82.5-96.5	fL
MCH		27.5	27.1-34.9	pg
MCHC	L	31.9	33.0-35.0	g/dL
RDW	H	14.1	12.0-14.0	%
Platelet		169	130-374	K/uL
MPV		10.2	6.9-10.5	fL
Neutrophils %		60.9		%

FLAG LEGEND L=Low LI=Low Critical H=High H!=High Critical A=Abnormal AI=Abnormal Critical

EX 5-C



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name WILLIAMS, DELVON	Facility FCI Williamsburg	Collected 10/20/2016 10:21
Reg # 60442-018	Order Unit F03 SPG Unit	Received 10/21/2016 10:30
DOB 08/09/1981	Provider Stephen Hoey, DO	Reported 10/21/2016 12:04
Sex M		LIS ID 294161135

HEMATOLOGY

Therapeutic decision making should be based on absolute values, rather than percentages

Lymphocytes %	29.1		%
Monocytes %	7.6		%
Eosinophils %	0.9		%
Basophils %	1.5		%
Neutrophils #	3.8	1.9-6.7	K/uL
Lymphocytes #	1.8	1.3-3.7	K/uL
Monocytes #	0.5	0.3-1.1	K/uL
Eosinophils #	0.1	0.0-0.5	K/uL
Basophils #	0.1	0.0-0.1	K/uL

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Ex 5-D

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	10/21/2016 12:04	Provider:	Lab Result Receive
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O. on 10/24/2016 07:24.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WILLIAMS, DELVON LAMAR	Reg #: 60442-018	
Date of Birth: 08/09/1981	Sex: M Race: BLACK	Facility: WIL
Note Date: 10/21/2016 12:07	Provider: Davis, Christopher	Unit: F03

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Davis, Christopher APRN/FNP-C

Springfield just called with critical Dilantin level of 22. Drawn yesterday. This was the same day the labcorp lab was called.

Inmate has still not reported. Will call for him again.

Other:

Dr Hoey made aware of new lab. He was already aware of the 40s Dilantin level

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 10/21/2016 12:10

Ex 6-A

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	10/21/2016 13:09	Provider:	Davis, Christopher
		Facility:	WIL
		Unit:	F03

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Davis, Christopher APRN/FNP-C

Inmate has been over head paged but still not come to medical.

Officer called.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 10/21/2016 13:10

EX 6-B

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Davis, Christopher	Facility: WIL
Encounter Date: 10/21/2016 14:03		Unit: F03

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Davis, Christopher APRN/FNP-C

Chief Complaint: Other Problem

Subjective: Inmate arrived to discuss elevated Dilantin level.

Pain: No

OBJECTIVE:

Comments

Inmate comes to medical , won't take ear plugs out.

Inmate denies any problems other than wanting his ears cleaned.

Says has been somewhat dizzy lately but associates with ears.

Not ataxic. Alert and oriented x 3.

Advised of plan to hold Dilantin over weekend, change to pill line and follow up with lab testing.

ASSESSMENT:

Seizure disorder, other convulsions, 780.39 - Current

PLAN:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-P-Phenytoin, Total	One Time	10/27/2016 00:00	Routine
Labs requested to be reviewed by: Hoey, Stephen D.O.			

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
10/21/2016	Counseling	Access to Care	Davis, Christopher	Verbalizes Understanding

Inmate Name: WILLIAMS, DELVON LAMAR

Date of Birth: 08/09/1981

Sex: M Race: BLACK

Encounter Date: 10/21/2016 14:03

Provider: Davis, Christopher

Reg #: 60442-018

Facility: WIL

Unit: F03

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 10/21/2016 14:05

EX 6-D

From: ^I"WILLIAMS, ^IDELVON LAMAR" <60442018@inmatemessage.com>
To:
Date: 10/24/2016 12:21 PM
Subject: ***Request to Staff*** WILLIAMS, DELVON, Reg# 60442018, WIL-F-B

To: Mr.Davis are whoever in control
Inmate Work Assignment: Hvac2

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

e496f6f0-5d12-4a63-8026-97b83f2327e1

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

I had a seizure Thrusday at work you all drew my blood said my blood was a 44 said the last time it was a 22 that was high also so why didn't yall do something about the medication then when it was 22 now yall take the medication away from me until Tuesday am and now yall want me to go to pill line in the am and afternoon after something yall knew was wrong when my levels were 22 now with me going to pill line in the am and me already having Vergo a dizziness that medicine that I am taking don't work right off hand so you mean to tell me I have to do something because of something you all could have pervented that's crazy very crazy and why would yall take my meds away from me for yall mistakes that's dumb need a respond ASAP!!

Your Seizure Medication is
now pill line

CZ 10/27/16

C Davis APRN
FCI/SCP
Williamsburg SC

EX 7

From: ^!"WILLIAMS, ^!DELVON LAMAR" <60442018@inmatemessage.com>
To:
Date: 10/31/2016 5:19 PM
Subject: ***Request to Staff*** WILLIAMS, DELVON, Reg# 60442018, WIL-F-B

To: Mr.Davis
Inmate Work Assignment: Hvac2

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

d186e770-02c4-48f6-9a88-14b9cc9021cf

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

You send me a respond back that we already knew I'm talking about yall knew my levels were high and didn't do anything until I had a seizure you ain't tell me why was i not look at until i had a seizure and why I'm on pill line for something yall did that ain't nothing to do with me if yall would have looked at me when the were high at first maybe i wouldn't have had the seizure i know you don't care but it's your job i trying to go home alive not dead like the rest of ooyu respond back telling me my meds at pill line we already knew that I told you that so what was the reason you writing that????????????????????????????????????

NOT SURE WHAT THIS SAYS OR
MEANS. Your level was High, You
were notified & Treatment planned.
We certainly wish you to Go Home
Alive. Your Mediation is AT pill
line -

EZ 11/1/16

C. Davis APRN
FCJ/SCp
Williamsburg SC

Ex 8

Federal
Bureau of
Prisons**U.S. Medical Center for Federal Prisons**1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name WILLIAMS, DELVON	Facility FCI Williamsburg	Collected 05/01/2017 09:13
Reg # 60442-018	Order Unit F03 SPG Unit	Received 05/02/2017 11:40
DOB 08/09/1981	Provider Christopher Davis, APRN/FNP-	Reported 05/02/2017 13:58
Sex M	C	LIS ID 088171065

CHEMISTRY

Phenytoin, Total	H!	20.8	10.0-20.0	ug/mL
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Critical Result verified and called to Tony Borck by JP.
Result read back on 5/2/2017 at 12:58 PM.

FLAG LEGEND	L=Low	L!=Low Critical	H=High	H!=High Critical	A=Abnormal	AI=Abnormal Critical
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EX ID-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/02/2017 14:06	Race:	BLACK
		Provider:	Lab Result Receive
		Facility:	WIL

Reviewed by Davis, Christopher APRN/FNP-C on 05/03/2017 08:14.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/02/2017 14:06	Provider:	Lab Result Receive
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O. on 05/03/2017 08:41.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Rosario, Nair RN	Facility: WIL
Encounter Date: 07/02/2017 19:00		Unit: F03

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Rosario, Nair RN
Chief Complaint: NEUROLOGY
Subjective: Received radio inmate having seizures on housing unit.
Pain: Not Applicable

OBJECTIVE:

Exam:

General
Affect
Yes: Pleasant, Cooperative
Appearance
Yes: Appears Well

ASSESSMENT:

Seizure Activity
Small seizure activity witness by other inmate. By the time I arrived at the unit inmate was sitting trying to eat, was confused but able to follow commands properly inmate walked downstairs and was brought to HSU for a neuro check; eyes PERRLA, normal coordination and strength, A & O x 3, speaking in full sentences. Notify Dr. Hoey via telephone; verbal order to gave an additional dose of prescribed Dilantin susp. 125mg/5ml and report in am to be seen by provider. Inmate took additional dose and was escorted back to his unit, instructed to returned in am.

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Phenytoin Oral Susp 125 MG/5ML	07/02/2017 19:00	9 ml Orally One Time Dose Given PRN x 0 day(s) Pill Line Only

Start Now: Yes
Night Stock Rx#:
Source: Sub Stock Location
Admin Method: Pill Line
Stop Date: 07/02/2017 19:11
MAR Label: 9 ml Orally One Time Dose Given PRN x 0 day(s) Pill Line Only
One Time Dose Given: Given Now

Disposition:

To be Evaluated by Provider
Discharged to Housing Unit-No Restrictions
Follow-up in 12-24 Hours

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M	Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Borck, T. RN	Facility: WIL	Unit: F03
Encounter Date: 10/10/2017 19:14			

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Borck, T. RN

Chief Complaint: NEUROLOGY

Subjective: Inmate escorted to pill line this evening cell mate states he just had a seizure about 10 minutes ago

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
10/10/2017	19:14 WIL	97.9	36.6	Oral	Borck, T. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
10/10/2017	19:14 WIL	77	Via Machine		Borck, T. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
10/10/2017	19:14 WIL	16	Borck, T. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
10/10/2017	19:14 WIL	122/84	Right Arm	Sitting	Adult-large	Borck, T. RN

Exam:

Neurologic

Motor System-General

Yes: Normal Exam

Coordination

Yes: Within Normal Limits

Coordination - Gait

Yes: Normal Gait

ASSESSMENT:

Seizure Activity

Inmate escorted by another inmate to pill line, cell mate states inmate had a seizure about 10 minutes ago. Inmate slightly groggy, gave inmate PM dose of pill line medications.

Sat inmate in lobby and completed pill line.

Inmate's vitals within normal limits. During assessment inmate states he had two seizures today. Inmate states these seizures feel different. Inmate states prior to today he was able to tell when they were about to come on, but now it is as if I just slip off into a seizure. Inmate states it used to take quite a while to really come out of the seizure back to 100%. Inmate states now it's all over in about 15 minutes from start to finish. Consulted MD with order received.



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name WILLIAMS, DELVON	Facility FCI Williamsburg	Collected 10/23/2017 08:33
Reg # 60442-018	Order Unit F03 SPG Unit	Received 10/24/2017 10:31
DOB 08/09/1981	Provider Stephen Hoey, DO	Reported 10/24/2017 13:01
Sex M		LIS ID 286171048

CHEMISTRY

Sodium	141	137-148	mmol/L
Potassium	4.1	3.5-5.0	mmol/L
Chloride	100	99-114	mmol/L
CO2	30	22-30	mmol/L
BUN	15	7-22	mg/dL
Creatinine	0.78	0.66-1.25	mg/dL
eGFR (IDMS)	>60		

GFR units measured as mL/min/1.73 m². If African American multiply by 1.210.
A calculated GFR <60 suggests chronic kidney disease if found over a 3 month period.

Calcium	9.5	8.5-10.9	mg/dL
Glucose	90	70-110	mg/dL
AST	36	11-55	U/L
ALT	45	11-66	U/L
Alkaline Phosphatase	74	41-133	U/L
Bilirubin, Total	0.4	0.2-1.3	mg/dL
Total Protein	7.4	6.0-8.2	g/dL
Albumin	4.2	3.6-5.1	g/dL
Globulin	3.2	2.0-3.7	g/dL
Alb/Glob Ratio	1.30	1.00-2.30	
Anion Gap	10.8	9.0-19.0	
BUN/Creat Ratio	19.0	5.0-30.0	
Phenytoin, Total	11.0	10.0-20.0	ug/mL
Valproic Acid, Total	L 22.4	50.0-100.0	ug/dL

HEMATOLOGY

WBC	L	3.5	4.3-11.1	K/uL
NRBC%		0.0		%
RBC		5.43	4.46-5.78	M/uL
Hemoglobin		14.5	13.6-17.6	g/dL
Hematocrit		44.2	40.2-51.4	%
MCV	L	81.4	82.5-96.5	fL
MCH	L	26.7	27.1-34.9	pg
MCHC	L	32.8	33.0-37.0	g/dL
RDW-CV		13.0	12.0-14.0	%
Platelet		152	130-374	K/uL
MPV	H	12.8	6.9-10.5	fL
Neutrophils %		47.6		%

Therapeutic decision making should be based on absolute values, rather than percentages

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Ex 14

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WILLIAMS, DELVON LAMAR		Reg #: 60442-018
Date of Birth: 08/09/1981	Sex: M Race: BLACK	Facility: WIL
Note Date: 11/29/2017 14:39	Provider: Davis, Christopher	Unit: F03

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Davis, Christopher APRN/FNP-C

order ahead of note

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Valproic Acid Syrup 250MG/5ML	11/29/2017 14:39	15 ml Orally - Two Times a Day x 365 day(s) Pill Line Only

Indication: Seizure disorder, other convulsions

Start Now: Yes

Night Stock Rx#:

Source: Pyxis

Admin Method: Pill Line

Stop Date: 11/29/2018 14:38

MAR Label: 15 ml Orally - Two Times a Day x 365 day(s) Pill Line Only

One Time Dose Given: No

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
112183-WIL	Valproic Acid Syrup 50 MG/ML, 480 ML	11/29/2017 14:39	take 8.5mL by mouth twice daily ***pill line***

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-P-Phenytoin, Total	One Time	01/02/2018 00:00	Routine
Lab Tests-V-Valproic Acid, Total			

Labs requested to be reviewed by: Hoey, Stephen D.O.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 11/29/2017 14:41

Requested to be cosigned by Hoey, Stephen D.O..

Cosign documentation will be displayed on the following page.

Bureau of Prisons Health Services Clinical Encounter

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Davis, Christopher	Facility: WIL
Encounter Date: 12/04/2017 06:56		Unit: F03

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Davis, Christopher APRN/FNP-C

Chief Complaint: NEUROLOGY

Subjective: Late entry, from last week

Went to rec as inmate had a sz. On arrival he was alert and oriented x 3. Brought to medical until he felt better.

Pain: Staff say he did not hit his head
No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
12/04/2017	06:57 WIL	99.1	37.3		Davis, Christopher APRN/FNP-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
12/04/2017	06:57 WIL	96			Davis, Christopher APRN/FNP-

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
12/04/2017	06:57 WIL	16	Davis, Christopher APRN/FNP-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
12/04/2017	06:57 WIL	114/80				Davis, Christopher APRN/FNP-

Exam:

General

Appearance

Yes: Appears Well, Alert and Oriented x 3

Skin

General

Yes: Within Normal Limits, Dry

Pulmonary

Auscultation

Yes: Clear to Auscultation

Cardiovascular

Auscultation

Yes: Regular Rate and Rhythm (RRR)

Exam Comments

No trauma

Inmate alert and oriented. Feels better before discharge

Ex 16-A

Inmate Name: WILLIAMS, DELVON LAMAR

Date of Birth: 08/09/1981

Encounter Date: 12/04/2017 06:56

Sex: M Race: BLACK

Provider: Davis, Christopher

Reg #: 60442-018

Facility: WIL

Unit: F03

ASSESSMENT:

Seizure disorder, other convulsions, 780.39 - Current

PLAN:**Disposition:**

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>
12/04/2017	Counseling

<u>Handout/Topic</u>
Access to Care

<u>Provider</u>
Davis, Christopher

<u>Outcome</u>
Verbalizes Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 12/04/2017 06:59

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WILLIAMS, DELVON LAMAR		Reg #: 60442-018
Date of Birth: 08/09/1981	Sex: M Race: BLACK	Facility: WIL
Note Date: 12/20/2017 14:52	Provider: Davis, Christopher	Unit: C03

Review Note - Report Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Davis, Christopher APRN/FNP-C
Dilantin and valproic acid low

Schedule:

<u>Activity</u>	<u>Date Scheduled</u>	<u>Scheduled Provider</u>
Clinical Encounter	12/31/2017 00:00	MLP 03
Dilantin and valproic acid low		

Copay Required: No Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 12/20/2017 14:53
Requested to be reviewed by Ortiz, Angel MD/SERO Medical Director.
Review documentation will be displayed on the following page.

EX 17

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	02/01/2018 12:14	Provider:	Hoey, Stephen D.O.
		Facility:	WIL
		Unit:	C03

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Hoey, Stephen D.O.

Reviewed e-MAR; pt compliant with med regimen on pill-line, & no seizures reported. Will advance to KOP;

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Phenytoin Oral Susp 125 MG/5ML	02/01/2018 12:14	8.5 mL Orally - Two Times a Day x 365 day(s) -- may have KOP; per PharmD. restrictions

Indication: Seizure disorder, other convulsions

Start Now: Yes

Night Stock Rx#:

Source: Sub Stock Location

Admin Method: Self Administration

Stop Date: 02/01/2019 12:13

MAR Label: 8.5 mL Orally - Two Times a Day x 365 day(s) -- may have KOP; per PharmD. restrictions

One Time Dose Given: No

Valproic Acid Syrup 250MG/5ML

02/01/2018 12:14

15 mL Orally - Two Times a Day x 365 day(s) -- May have KOP; per PharmD. restrictions

Indication: Seizure disorder, other convulsions

Start Now: Yes

Night Stock Rx#:

Source: Sub Stock Location

Admin Method: Self Administration

Stop Date: 02/01/2019 12:13

MAR Label: 15 mL Orally - Two Times a Day x 365 day(s) -- May have KOP; per PharmD. restrictions

One Time Dose Given: No

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	02/16/2018 00:00	Routine
Lab Tests-P-Phenytoin, Total			
Lab Tests-V-Valproic Acid, Total			
Lab Tests - Short List-General-Comprehensive Metabolic Profile (CMP)			

Inmate Name: WILLIAMS, DELVON LAMAR
 Date of Birth: 08/09/1981
 Encounter Date: 03/03/2018 12:51

Sex: M Race: BLACK
 Provider: Borck, T. RN

Reg #: 60442-018
 Facility: WIL
 Unit: E03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Valproic Acid Liquid 250 MG/5ML	03/03/2018 12:51	15 ml Orally - Two Times a Day x 30 day(s) Pill Line Only
Indication: Seizure disorder, other convulsions Start Now: Yes Night Stock Rx#: Source: Sub Stock Location Admin Method: Pill Line Stop Date: 04/02/2018 12:50 MAR Label: 15 ml Orally - Two Times a Day x 30 day(s) Pill Line Only One Time Dose Given: No			

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
114619-WIL	Phenytoin Oral Susp 125 MG/5ML, 237ML	03/03/2018 12:51	take 8.5mL by mouth twice daily ***self carry***
Discontinue Type: Immediate Discontinue Reason: new order written Indication:			
114620-WIL	Valproic Acid Syrup 50 MG/ML, 480 ML	03/03/2018 12:51	take 15mL by mouth twice daily ***self carry***
Discontinue Type: Immediate Discontinue Reason: new order written Indication:			

Disposition:

Follow-up at Sick Call as Needed
 Discharged to Housing Unit-No Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
03/03/2018	Counseling	Compliance - Treatment	Borck, T.	Verbalizes Understanding
Come to pill line twice daily until switched to self carry				

Copay Required: No **Cosign Required:** Yes
Telephone/Verbal Order: Yes **By:** Hoey, Stephen D.O.
Telephone or Verbal order read back and verified.

Completed by Borck, T. RN on 03/03/2018 13:03
 Requested to be cosigned by Hoey, Stephen D.O..
 Cosign documentation will be displayed on the following page.

Williamsburg Regional Hospital

500 Nelson Boulevard, Kingstree, SC 29556

(ph)843-355-0143 (fax)843-355-0114

Medical Director: Dr. Kenneth Reis CLIA #42D0251871

Patient: **WILLIAMS, DELVIN**

DOB: 08/09/1981 Age: 36ycaSex: M

Med Rec #: 117360 Account #: 21024948 Admit Date: 04/03/18

Location: OUT Room: Bed:

Admit Physician: HOEY, STEPHEN

Order Physician: HOEY, STEPHEN

Collected: 04/03/18 @ 09:15 RN

Accn: 180403141

Test	Flag Result	Reference Range/Units	Result Date/Time
------	---------------	-----------------------	------------------

CHEMISTRY

Phenytoin (Dilantin)	LO 8.5	10.0 - 20.0 ug/mL	04/03/18 16:04 SPAPPA
Valproic Acid (Depakene)	56.8	50.0 - 100.0 ug/mL	04/03/18 16:04 SPAPPA

Legend

High = HI Low = LO Critical = CR Abnormal = AB Extreme = XT

WILLIAMS, DELVIN

Location: OUT

Printed: 04/03/2018 @ 16:10

Page: 1 of 1

DOCTOR COPY - FINAL

EX 20-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	04/04/2018 12:39	Provider:	Lab Result Receive
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 04/05/2018 09:18.



Federal
Bureau of
Prisons

U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name WILLIAMS, DELVON	Facility FCI Williamsburg	Collected 04/18/2018 08:37
Reg # 60442-018	Order Unit E03 SPG Unit	Received 04/19/2018 10:33
DOB 08/09/1981	Provider Stephen Hoey, DO	Reported 04/19/2018 13:24
Sex M		LIS ID 095181185

CHEMISTRY

Phenytoin, Total	11.2	10.0-20.0	ug/mL
Valproic Acid, Total	77.8	50.0-100.0	ug/mL

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Ex 21-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Sex:	M	Reg #:	60442-018
Date of Birth:	08/09/1981	Provider:	Lab Result Receive	Race:	BLACK
Encounter Date:	04/19/2018 14:00			Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 04/19/2018 14:32.



U.S. Medical Center for Federal Prisons

1900 W. Sunshine Street
Springfield, MO 65807
417-874-1621

*** Sensitive But Unclassified ***

Name WILLIAMS, DELVON	Facility FCI Williamsburg	Collected 05/07/2018 10:02
Reg # 60442-018	Order Unit E03 SPG Unit	Received 05/08/2018 10:10
DOB 08/09/1981	Provider Christopher Davis, APRN/FNP-	Reported 05/08/2018 12:22
Sex M	C	LIS ID 127181175

CHEMISTRY

Phenytoin, Total	13.9	10.0-20.0	ug/mL
Valproic Acid, Total	64.5	50.0-100.0	ug/mL

HEMATOLOGY

WBC	4.4	4.3-11.1	K/uL
RBC	5.30	4.46-5.78	M/uL
Hemoglobin	15.1	13.6-17.6	g/dL
Hematocrit	45.1	40.2-51.4	%
MCV	85.1	82.5-96.5	fL
MCH	28.5	27.1-34.9	pg
MCHC	33.5	33.0-37.0	g/dL
RDW-CV	13.3	12.0-14.0	%
Platelet	169	130-374	K/uL
MPV	H 12.4	6.9-10.5	fL

FLAG LEGEND L=Low LI=Low Critical H=High HI=High Critical A=Abnormal AI=Abnormal Critical

Ex 22-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Sex:	M	Reg #:	60442-018
Date of Birth:	08/09/1981	Provider:	Lab Result Receive	Race:	BLACK
Encounter Date:	05/08/2018 12:47			Facility:	WIL

Reviewed by Davis, Christopher APRN/FNP-C on 05/08/2018 13:38.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/08/2018 12:47	Provider:	Lab Result Receive
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 05/08/2018 14:46.

**Bureau of Prisons
Health Services
Medical Duty Status**

Reg #: 60442-018

Inmate Name: WILLIAMS, DELVON LAMAR

Housing Status

☐ confined to the living quarters except ☐ meals ☐ pill line ☐ treatments Exp. Date: _____

☐ on complete bed rest: ☐ bathroom privileges only Exp. Date: _____

☐ cell: ☐ cell on first floor ☐ single cell ☐ lower bunk ☐ airborne infection isolation Exp. Date: _____

☐ other: _____ Exp. Date: _____

Physical Limitation / Restriction

☐ all sports Exp. Date: _____

☐ weightlifting: ☐ upper body ☐ lower body Exp. Date: _____

☐ cardiovascular exercise: ☐ running ☐ jogging ☐ walking ☐ softball Exp. Date: _____

☐ football ☐ basketball ☐ handball ☐ stationary equipment

☐ other: _____ Exp. Date: _____

May have the following equipment in his / her possession:**Work Restriction / Limitation:**Cleared for Food Service: Yes

Restriction _____

Sedentary Work Only

Expiration Date _____

08/11/2018

Comments: N/A

Davis, Christopher APRN/FNP-C

05/11/2018

Health Services Staff

Date

Inmate Name: WILLIAMS, DELVON LAMAR Reg #: 60442-018 Quarters: A01**ALL EXPIRATION DATES ARE AT 24:00**

Ex 23

**Bureau of Prisons
Health Services
Inmate Local Hospital**

Reg #: 60442-018

Inmate Name: WILLIAMS, DELVON LAMAR

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: WRH

Transfer Date: 05/14/2018

Health Problems

<u>Health Problem</u>	<u>Status</u>
Dental caries, unspecified	Current
Seizure disorder, other convulsions	Current
Cannabis Use Disorder, Severe	Current
Stimulant Related Disorders: Severe: Cocaine	Current
Impacted cerumen	Current
Other peripheral vertigo	Current
He still has mild vertigo Increase his meclizine to 25 mg BID	
Dizziness and giddiness	Current
labyrinthitis	
Foreign body in other or multiple sites	Remission
Disturbances in tooth eruption	Remission

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.**Bolded drugs required for transport.**

Meclizine HCl 25 MG Tab Exp: 05/16/2018 SIG: Take one tablet (25 MG) by mouth three times daily for 7 days

Phenytoin Oral Susp 125 MG/5ML, 237ML Exp: 05/09/2019 SIG: Take 9ml by mouth twice daily ***self carry***

Valproic Acid Syrup 50 MG/ML, 480 ML Exp: 11/05/2018 SIG: Take 15ml by mouth twice daily ***self carry***

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
08/24/2018	00:00	Chronic Care Visit	Physician 01
09/22/2018	00:00	PPD Administration	Nurse

TB Clearance: Yes

Last PPD Date: 09/22/2017

Last Chest X-Ray Date: _____

TB Treatment: _____

TB Follow-up Recommended: No

Induration: 0mm

Results: _____

Sx free for 30 days: Yes

Sickle Cell:

Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Cleared for Food Service: Yes

Sedentary Work Only --- 08/11/2018

Comments:**Allergies**

No Known Allergies

Devices / Equipment

No Data Found

Ex 24-A

Reg #: 60442-018

Inmate Name: WILLIAMS, DELVON LAMAR

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Travel:

Direct Travel: No

Travel Restrictions: None

UNIVERSAL PRECAUTIONS OBSERVED WHEN TRANSPORTING ANY INMATE:

Transfer From Institution: WILLIAMSBURG FCI

Phone Number: 8433879400

Address 1: 8301 HIGHWAY 521

Address 2: _____

City/State/Zip: SALTERS, South Carolina 29590

Name/Title of Person Completing Form: Davis, Christopher APRN/FNP-C

Date: 05/14/2018

Inmate Name: WILLIAMS, DELVON LAMAR

Reg #: 60442-018

DOB: 08/09/1981

Sex: M

EX 24-B

Medical Record**Williamsburg Regional
Hospital****Name:** WILLIAMS, DELVON L**Allergies:****Patient Details:****Patient Name:** WILLIAMS, DELVON L**Admission Date:** 05/14/2018 15:11**Visit Num:** 21027386**Med Record Num:** 117360**Room/Bed:** 103-1**Patient Type:** A**AKA:****Gender:** Male**Patient Status:** 1A**Marital Status:** S**Race:** B**Pt Age:** 36 y**Adm. Source:** 2**Arrival Source:****Veteran:****Pt Birthdate:** 08/09/1981**Adm. Priority:** 2**Hospital Service:** MED**Organ Donor:****Financial Class:** Commercial Insurance (COM)**Religion:****Living Will:****Pt. Phone:** (843)387-9400**Church:****Pt. Address:** CO FCI WILLIAMSBURG 8301 US HWY 521 Salters, SC 29590**Temp Address:****Employer:****Occupation:****Emp. Phone:****Employer Address:****Admitting Dr.:** Gamble, Troy MD**Code:** 1148**Attending Dr.:** Gamble, Troy MD**Code:** 1148**MRSA:****Accident Location:****Accident Code:****Accident Dt/Tm:****Diagnosis List:****Procedure List:****Guarantor Information:****Name:** Williams, Delvon L**Phone:** (843)387-9400**Address:** CO FCI WILLIAMSBURG 8301 US HWY 521 Salters, SC 29590**DOB:** 08/09/1981**Gender:** Male**Relationship:** Self**Occupation:****Employer:****Emp. Phone:****Employer Address:****Nearest Relative:****Name:** Fci Williamsburg**Relationship:** Other Relationship**Phone:** (843)387-9400**Work Phone:****Ext:****Address:** 8301 US HWY 521 Salters, SC 29590**Insurance Information:****COB: 1 Insurance Name:** UNDEFINED PLAN**Phone:****Mail Claim To:** Seven Corners- Prison Division**Address:** Bureau Of Prisons Division PO Box 3384 Carmel, IN 460823384**Authorization:****Policy:** 60442-018**Group:****Payor ID:****Subscriber:** Williams, Delvon L**Relationship:** Self**Phone:****Address:****Visit No.:** 21027386**WILLIAMS, DELVON L****Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556****Viewed/Printed on:****05/17/2018 09:33****Page 1 of 6**

Medical Record
Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

General: Alert and oriented to time, place and name, No acute distress.
Cardiovascular: Regular rate and rhythm, S1S2 normal. No murmurs, rubs or gallops. No jugular venous distention. Point of maximal impact nondisplaced. Capillary refill less than 3 seconds.
Pulmonary: Clear to auscultation, no rales, rhonchi or wheezes. Chest rise symmetrical bilaterally.
Abdomen: Soft, non-distended, normoactive bowel sounds, no tenderness, rebounding or guarding. No costovertebral angle tenderness, No hepatosplenomegaly note. No masses palpated.
Extremities: No cyanosis, clubbing or edema noted. All pulses palpable.

Impression and Plan

Created by GAMBLE, TROY B at 05/16/2018 09:29

Impression: 1. Ataxic gait due to Dilantin toxicity.
2. Gingival hyperplasia due to his Dilantin.
3. Seizure disorder.
4. Status-post remote gunshot wound to the abdomen.
5. Status-post remote right leg fracture.

Plan: 1. Continue to hold Dilantin. We are stopping this in favor of Keppra due to gingival hyperplasia
2. Discharge in the am if does well with increase in Keppra dose and elimination of Dilantin.

Laboratory Comments: Dilantin level-21.1 Valproate up to 44.2.

Laboratory Results (last result): Albumin: (05/14/2018 14:15)4.2 g/dL BUN: (05/16/2018 06:26)9 mg/dL Calcium: (05/16/2018 06:26)8.4 mg/dL Creatinine: (05/16/2018 06:26)0.7 mg/dL Hematocrit: (05/16/2018 06:26)39.7 % Hemoglobin: (05/16/2018 06:26)13.9 g/dL Potassium: (05/16/2018 06:26)4 mmol/L Sodium: (05/16/2018 06:26)142 mmol/L Total Protein: (05/14/2018 14:15)7.5 g/dL Platelet Count: (05/16/2018 06:26)131 10³/uL CMP: (05/14/2018 14:15)137 mmol/L Urinalysis: (05/14/2018 14:36)Clean Catch Urine BMP: (05/16/2018 06:26)142 mmol/L

Physician H & P Narrative

Date/Time Performed:05/14/2018 16:43

Date/Time Charted:05/14/2018 16:43

Status:Sig. Required

Charted By:CHRISTY, MICHELLE

Admission History and Physical

Created by CHRISTY, MICHELLE at 05/14/2018 16:43

DELVON WILLIAMS

MR#117360

DATE OF ADMISSION: 5-14-18

CHIEF COMPLAINT: Unsteady gait.

HISTORY OF PRESENT ILLNESS: Delvon Williams is a 36 year-old prisoner from the Williamsburg Federal Penitentiary who started apparently a week or so ago with unsteady gait. He had a Dilantin level and valproic acid level at that time which were therapeutic. However, he has progressively gotten worse over the last several days and was sent to the Emergency Room for further evaluation and treatment. In the Emergency Room, his Dilantin level was 35.4 which is toxic with 10-20 being normal and his valproic acid level was 25.7 which is now subtherapeutic with 50-100 being therapeutic. His magnesium was 2.0. His sodium was 137, potassium 4.2, chloride 101, CO2 30, glucose 84, BUN 14, creatinine 0.66. Liver profile completely normal. White count 4.2, hemoglobin 15.0, hematocrit 43.6, platelet count 157,000, MCV 82.0. I was asked to admit him for further evaluation and treatment.

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556-8498

Viewed/Printed on:
05/17/2018 09:33

Page 3 of 6

EX 25-B

Medical Record

Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

PAST MEDICAL HISTORY: is remarkable for a gunshot wound to the abdomen. He lost some small bowel apparently with that. He has a history of seizure disorder and also has broken his right leg.

FAMILY HISTORY: As far as he knows, both parents are alive and well.

SOCIAL HISTORY: He does not smoke or drink since he has been in prison and he has been in prison for 4 years.

MEDICATIONS: on admission include Meclizine 25 mg t.i.d., Dilantin 125 mg 9 ml b.i.d., Valproic Acid 15 ml b.i.d.

ALLERGIES: None known.

REVIEW OF SYSTEMS: is otherwise negative on a 10 system review.

PHYSICAL EXAMINATION:

VITAL SIGNS: on admission include temperature 98.2, blood pressure 129/92, pulse 78, respiratory rate 16.

GENERAL: He is a well developed, well nourished male in no acute distress.

HEENT EXAM: PERRL. EOMI. Sclerae are non-icteric. Tympanic membranes are normal. Throat is clear without lesions or exudates. He has gold caps over many of his teeth. There is marked gingival hyperplasia noted. Neck is supple without thyromegaly or bruits.

CARDIAC EXAM: reveals a regular rate and rhythm without murmurs, gallops or clicks.

LUNGS: were clear to auscultation and percussion.

EXAMINATION OF THE ABDOMEN: revealed bowel sounds to be active. No localizing tenderness. No hepatosplenomegaly.

EXTREMITIES: were without edema.

NEUROLOGIC EXAM: Cranial nerves II-XII are intact. No motor deficit. No sensory deficit. It was hard to test for cerebellar signs as he is shackled to the bed.

IMPRESSION:

1. Ataxic gait due to Dilantin toxicity.
2. Gingival hyperplasia due to his Dilantin.
3. Seizure disorder.
4. Status-post remote gunshot wound to the abdomen.
5. Status-post remote right leg fracture.

PLAN: Will admit him now. Will place him on telemetry. Will hold his Dilantin and follow his gait and blood levels. I am going to switch him to Keppra from Dilantin given the gingival hyperplasia and the fact that he is still having seizures. He had one 2 weeks ago by his account. Given the severity of the Dilantin toxicity, I think he will require a minimum of 2-days in house hospital stay.

Troy B. Gamble, MD
TBG/mac

DD: 5-14-18 (1552)

DT: 5-14-18 (1636)

Provider Note Narrative

Date/Time Performed: 05/14/2018 15:39

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556 843-000-8888

Viewed/Printed on:
05/17/2018 09:33

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EX-252

Medical Record
Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

Date/Time Charted: 05/14/2018 16:02
Signed Date/Time: 05/14/2018 16:02
Provider Comments: I have examined the patient
I have reviewed the medical record
Status: Signed

Charted By: GAMBLE, TROY B
Signed By: GAMBLE, TROY B MD

Provider Note

Created by GAMBLE, TROY B at 05/14/2018 16:02
ADMIT NOTE (full note dictated)

36 yr old Prison Inmate from Williamsburg Federal Prison admitted with:

1. Ataxic Gait - due to Dilantin Toxicity
2. Gingival Hyperplasia
3. Seizure Disorder
4. S/P remote GSW to Abdomen
5. S/P remote Right Leg Fracture

P:

1. Admit
2. Hold Dilantin and follow gait and level. Monitor on Tele
3. Switch to KEppra from Dilantin given gingival hyperplasia and the fact he is still having seizures

Troy Gamble, MD
1003632

Progress Note

Date/Time Performed: 05/15/2018 08:46
Date/Time Charted: 05/15/2018 08:48
Signed Date/Time: 05/15/2018 08:48
Provider Comments: I have examined the patient
I have reviewed the medical record
Status: Signed

Charted By: SMITH, C. DORN
Signed By: SMITH, C. DORN MD

History

Created by SMITH, C. DORN at 05/15/2018 08:48

Vital Signs:

Date/Time	Temperature	Temperature Site	Systolic BP	Diastolic BP	Pulse	Respiratory Rate	Oxygen Saturation	Room Air or Oxygen
5/15/2018 7:34	97 F	Oral	105 mmHG	76 mmHG	70 BPM	18 RR	98 %	Room Air
5/15/2018 4:00	98.3 F	Oral	106 mmHG	73 mmHG	65 BPM	20 RR		
5/15/2018 0:00	98.7 F	Oral	92 mmHG	57 mmHG	91 BPM	20 RR		
5/14/2018 20:00	98.1 F	Oral	112 mmHG	78 mmHG	76 BPM	20 RR	98 %	Room Air
5/14/2018 16:21			128 mmHG	93 mmHG	76 BPM	18 RR	99 %	Room Air

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556 843-XXX-XXXX

Viewed/Printed on:
05/17/2018 09:33

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Williams, Delvon #60442-018 FCI WILLIAMSBURG SALTERS SC 29590

Ex 25 D

Medical Record
Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

5/14/2018 14:03	98.2 F	Oral	129 mmHG	92 mmHG	78 BPM	16 RR	98 %	Room Air
--------------------	--------	------	-------------	------------	-----------	-------	------	----------

Patient's height is 6 ft 1 in (185.42 cm). Patient's weight obtained by stated. 218 lb (98.88 kg). Patient's BMI is 28.81. Subjective: Feels better
Has not ambulated.

Review of Systems

Created by SMITH, C. DORN at 05/15/2018 08:48

No approved charting exists

Physical Exam

Created by SMITH, C. DORN at 05/15/2018 08:48

Neck: Supple, no adenopathy, masses or jugular venous distention noted. Thyroid and trachea midline.

Cardiovascular: Regular rate and rhythm, S1S2 normal. No murmurs, rubs or gallops. No jugular venous distention. Point of maximal impact nondisplaced. Capillary refill less than 3 seconds.

Pulmonary: Clear to auscultation, no rales, rhonchi or wheezes. Chest rise symmetrical bilaterally.

Abdomen: Soft, non-distended, normoactive bowel sounds, no tenderness, rebounding or guarding. No costovertebral angle tenderness, No hepatosplenomegaly note. No masses palpated.

Impression and Plan

Created by SMITH, C. DORN at 05/15/2018 08:48

- Impression: 1. Ataxic gait due to Dilantin toxicity.
2. Gingival hyperplasia due to his Dilantin.
3. Seizure disorder.
4. Status-post remote gunshot wound to the abdomen.
5. Status-post remote right leg fracture.

Plan: Dilantin 24.4

PT consult

Home soon.

Laboratory Results (last resulted): Albumin: (05/14/2018 14:15)4.2 g/dL BUN: (05/15/2018 06:13)13 mg/dL Calcium: (05/15/2018 06:13)8.6 mg/dL Creatinine: (05/15/2018 06:13)0.84 mg/dL Hematocrit: (05/14/2018 14:15)43.6 % Hemoglobin: (05/14/2018 14:15)15 g/dL Potassium: (05/15/2018 06:13)3.7 mmol/L Sodium: (05/15/2018 06:13)135 mmol/L Total Protein: (05/14/2018 14:15)7.5 g/dL Platelet Count: (05/14/2018 14:15)157 10³/uL CMP: (05/14/2018 14:15)137 mmol/L Urinalysis: (05/14/2018 14:36)Clean Catch Urine BMP: (05/15/2018 06:13)135 mmol/L

End of Report for WILLIAMS, DELVON L

***Note: The following sections are not included in this report : Miscellaneous Documents , Vaccine Administration Record , Medication Record of Activity , Chartings , Reconciliation History , Problems/Plans of Care , Patient Notes , Orders , Results , Flowsheets , Images, Scanned Documents**

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556-8495-8600

Viewed/Printed on:
05/17/2018 09:33

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Medication Record of Activity Report
Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

Administration (sorted by date and time)			
Medication:	Route/Site:	Administration Information:	
	SUBCUTANEOUS/AB RIGHT LOWER QUAD	Dose No.:	2
		Scheduled:	05/15/2018 22:00
		Administered:	05/15/2018 21:48
		Admin Dose:	40 MG
		By:	Chandler, Scarlett LPN
Scale Comments:		*HIGH ALERT MED DOCUMENT PATIENT TEACHING AT BEDTIME	
	SUBCUTANEOUS/AB LEFT LOWER QUAD	Dose No.:	3
		Scheduled:	05/16/2018 22:00
		Administered:	05/16/2018 21:48
		Admin Dose:	40 MG
		By:	Hill, Debbie RN
Scale Comments:		*HIGH ALERT MED DOCUMENT PATIENT TEACHING AT BEDTIME	
		Dose Comments:	will not scan using hand held portable scanner, will not scan using hand held portable scanner (Hill, Debbie RN 05/16/2018 21:51)

MECLIZINE 25 MG / 1 TAB ORAL TID

Order No: 2276528

Start: 05/14/2018 18:00

Stop: 05/21/2018 18:00

ORAL	Dose No.:	3
	Scheduled:	05/15/2018 14:00
	Administered:	05/15/2018 14:13
	Admin Dose:	25 MG
	By:	Lesesne, Kristen RN
Scale Comments:	THREE TIMES A DAY	
ORAL	Dose No.:	4
	Scheduled:	05/15/2018 18:00
	Administered:	05/15/2018 17:06
	Admin Dose:	25 MG
	By:	STRONG, AMY LPN
Scale Comments:	THREE TIMES A DAY	
ORAL	Dose No.:	5
	Scheduled:	05/16/2018 10:00
	Administered:	05/16/2018 09:08
	Admin Dose:	25 MG
	By:	Goss, Lila RN
Scale Comments:	THREE TIMES A DAY	
ORAL	Dose No.:	6
	Scheduled:	05/16/2018 14:00
	Administered:	05/16/2018 15:59
	Admin Dose:	25 MG
	By:	Goss, Lila RN
Scale Comments:	THREE TIMES A DAY	
	Dose Comments:	Patient condition prevented at scheduled time. (Goss, Lila RN 05/16/2018 16:00)



ME0020



21027386

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05/17/2018 11:03

PERMANENT CHART COPY

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EX 26-A

Medication Record of Activity Report
Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

Administration (sorted by date and time)

Medication:	Route/Site:	Administration Information:
ORAL	Dose No.: 7	Scheduled: 05/16/2018 18:00
	Scheduled:	Administered: 05/16/2018 18:06
	Administered:	Admin Dose: 25 MG
	Admin Dose:	By: Goss, Lila RN
	By:	Scale Comments: THREE TIMES A DAY
ORAL	Dose No.: 8	Scheduled: 05/17/2018 10:00
	Scheduled:	Administered: 05/17/2018 09:19
	Administered:	Admin Dose: 25 MG
	Admin Dose:	By: Goss, Lila RN
	By:	Scale Comments: THREE TIMES A DAY

VALPROATE LIQ UDC 250 MG / 5 ML ORAL BID

Order No: 2276538

Start: 05/14/2018 22:00

Stop: 05/28/2018 22:00

ORAL	Dose No.: 3	Scheduled: 05/15/2018 22:00
	Scheduled:	Administered: 05/15/2018 21:49
	Administered:	Admin Dose: 750 MG
	Admin Dose:	By: Chandler, Scarlett LPN
	By:	Scale Comments: TWICE A DAY
ORAL	Dose No.: 4	Scheduled: 05/16/2018 10:00
	Scheduled:	Administered: 05/16/2018 09:08
	Administered:	Admin Dose: 750 MG
	Admin Dose:	By: Goss, Lila RN
	By:	Scale Comments: TWICE A DAY
ORAL	Dose No.: 5	Scheduled: 05/16/2018 22:00
	Scheduled:	Administered: 05/16/2018 21:47
	Administered:	Admin Dose: 750 MG
	Admin Dose:	By: Hill, Debbie RN
	By:	Scale Comments: TWICE A DAY
ORAL	Dose No.: 6	Scheduled: 05/17/2018 10:00
	Scheduled:	Administered: 05/17/2018 09:19
	Administered:	Admin Dose: 750 MG
	Admin Dose:	By: Goss, Lila RN
	By:	Scale Comments: TWICE A DAY

levETIRAcetam ORAL SOLUTION 500 MG / 5 ML ORAL BID

Order No: 2277023

Start: 05/15/2018 22:00

Stop: 05/16/2018 09:28

ORAL	Dose No.: 1	Scheduled: 05/15/2018 22:00
	Scheduled:	Administered: 05/15/2018 21:48
	Administered:	Admin Dose: 500 MG
	Admin Dose:	By: Chandler, Scarlett LPN
	By:	Scale Comments: TWICE A DAY



ME0020



21027386

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05/17/2018 11:03

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EX 26-B

Medication Record of Activity Report
Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

Administration (sorted by date and time)

Medication	Route/Site	Administration Information
levETIRAcetam	ORAL	Dose No.: 2 Scheduled: 05/16/2018 10:00 Administered: 05/16/2018 09:08 Admin Dose: 500 MG By: Goss, Lila RN Scale Comments: TWICE A DAY

levETIRAcetam ORAL SOLUTION 500 MG / 5 ML ORAL BID

Order No: 2277752

Start: 05/16/2018 22:00

Stop: 06/15/2018 22:00

ORAL	Dose No.: 1 Scheduled: 05/16/2018 22:00 Administered: 05/16/2018 21:46 Admin Dose: 750 MG By: Hill, Debbie RN Waste Amount: 250 MG Waste Witness: 05/16/2018 21:46 By: TWICE A DAY TWICE A DAY Scale Comments:
------	--

ORAL	Dose No.: 2 Scheduled: 05/17/2018 10:00 Administered: 05/17/2018 09:19 Admin Dose: 750 MG By: Goss, Lila RN Waste Amount: 250 MG Waste Witness: 05/17/2018 09:20 By: TWICE A DAY TWICE A DAY Scale Comments:
------	--



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Williams, Delvon #60442-018 FCI WILLIAMSBURG SALTERS SC 29580

EX 26-C

Physician Notes Report

Williamsburg Regional Hospital

Discharge Note Narrative

Name: WILLIAMS, DELVON L	
Admission Date: 05/14/2018 15:11	D.O.B.: 08/09/1981
Med. Record No.: 117360	Age: 36 y
Visit No.: 21027386	Gender: Male
Attending Phys.: Gamble, Troy B	Location: MED
Allergies: No known allergies	Room/Bed: 103-1
Date/Time Performed: 05/17/2018 10:50	Charted By: CHRISTY, MICHELLE
Date/Time Signed: N/A	Signed By: Unsigned
Provider Comments:	
Status: Sig. Required	

Discharge Note

Created by CHRISTY, MICHELLE at 05/17/2018 10:51
 DELVON WILLIAMS
 MR#117360

DATE OF ADMISSION: 5-14-18
 DATE OF TRANSFER: 5-17-18

DISCHARGE DIAGNOSIS:

1. Ataxic gait due to Dilantin toxicity.
2. Gingival hyperplasia due to Dilantin.
3. Seizure disorder.
4. Status-post remote gunshot wound to the abdomen.
5. Status-post remote right leg fracture.

DISCHARGE PLAN: The patient is to return to the prison system. Follow up with Dr. Hoey.

DISCHARGE MEDICATIONS: have changed some and include

1. Dilantin was discontinued.
2. He is placed on Keppra solution 500 mg/5 ml 750 mg b.i.d.
3. Valproic liquid 250 mg/5 ml 750 mg or 3 tsp b.i.d. as well.
4. Continue Meclizine 25 mg every 8 hours prn vertigo.

HISTORY: Patient was on Dilantin prior to admission. He presented with ataxia, difficulty walking, severe vertigo. His Dilantin level initially was 35.4. His Dilantin was withheld and prior to discharge on this date, his Dilantin level was 16.8 and his ataxia had abated. He was noted to have pretty severe gum hyperplasia secondary to Dilantin so this was discontinued and he was placed on levetiracetam and Valproic acid in liquid form 750 mg each b.i.d. and continued on his Meclizine. Other laboratory values were unremarkable. CBC was checked on admission with 4200 white count, hemoglobin 15. On the day prior to discharge, his white count was 3500, hemoglobin 13.9, platelets 131,000 (a little bit low). His electrolytes were unremarkable except that his sodium on the 15th was a little low at 135 but was corrected to 138 prior to discharge, then his BUN was 10, creatinine 0.8. His Valproic acid checked on 5-16-18 was 44.2. Urinalysis was negative. Folic acid was 11.2. Otherwise, he had an uneventful recovery. It was felt he had reached maximal hospital benefit so he was discharged with the above medications and plan.

James J. Thomy, MD
 JJT/mac

DD: 5-17-18 (0941)
 DT: 5-17-18 (1028)

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556 843-355-8888

Viewed/Printed on:
 05/17/2018 10:56

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EX 27

Medical Record

Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

Emergency Contact:

Name: Fci Williamsburg

Phone: (843)387-9400

Address: 8301 US HWY 521 Salters, SC 29590

Relationship: Other Relationship

Work Phone:

Ext:

Results:

	Most Recent			Oldest		
Collected/Performed: 05/17/2018 05:30-05/14/2018 14:15	Thu 05/17/18 05:30	Wed 05/16/18 06:26	Tue 05/15/18 06:13	Mon 05/14/18 14:36	Mon 05/14/18 14:15	Reference Range
Laboratory — Chemistry						
BMP						
Sodium	138	142	135 LO			136-145 mmol/L
Potassium	4.0	4.0	3.7			3.5-5.3 mmol/L
Chloride	105	105	103			98-107 mmol/L
CO2	31.0	31.0	27.0			23.0-32.0 mmol/L
Anion Gap	6.0	10.0	8.7			5.0-15.0 mmol/L
Glucose	91	86	99			70-110 mg/dL
BUN	10	9	13			7-22 mg/dL
Creatinine	0.80	0.70	0.84			0.60-1.50 mg/dL
Glomerular Filtration Rate (eGFR)	133	140	130			61-5000
Calcium	8.3	8.4	8.6			8.0-10.5 mg/dL
Ordering Provider	p1	p2	p1			
Specimen Information	sl1	sl1	sl1			
Released Date/Time	05/17/2018 06:22	05/16/2018 07:22	05/15/2018 06:40			
CMP						
Sodium					137	136-145 mmol/L
Potassium					4.2	3.5-5.3 mmol/L
Chloride					101	98-107 mmol/L
CO2					30.0	23.0-32.0 mmol/L
Anion Gap					10.2	5.0-15.0 mmol/L
Glucose					84	70-110 mg/dL
BUN					14	7-22 mg/dL
Creatinine					0.88	0.60-1.50 mg/dL
Glomerular Filtration Rate (eGFR)					128	61-5000
Calcium					9.3	8.0-10.5 mg/dL
Total Protein					7.5	6.8-8.1 g/dL
Albumin					4.2	3.5-5.0 g/dL
Globulin					3.3	1.9-4.2 g/dL
Alb/Glob Ratio					1.3	1.1-2.1 [ratio]
Bilirubin, Total					0.4	0.2-1.2 mg/dL
Alkaline Phosphatase					51	32-91 U/L

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556 843-388-9600

Viewed/Printed on:
05/17/2018 09:33

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EX 26-13

Medical Record**Williamsburg Regional
Hospital**

Name: WILLIAMS, DELVON L

Allergies: No known allergies

Patient Details:

Patient Name: WILLIAMS, DELVON L

Admission Date: 05/14/2018 15:11

VisitNum: 21027386

Med Record Num: 117360

Room/Bed: 103-1

Patient Type: A

AKA:

Gender: Male

Patient Status: 1A

Marital Status: S

Race: B

Pt Age: 36 y

Adm. Source: 2

Arrival Source:

Veteran:

Pt Birthdate: 08/09/1981

Adm. Priority: 2

Hospital Service: MED

Organ Donor:

Financial Class: Commercial Insurance (COM)

Religion:

Living Will:

Pl. Phone: (843)387-9400

Church:

Pl. Address: CO FCI WILLIAMSBURG 8301 US HWY 521 Salters, SC 29590

Temp Address:

Employer:

Occupation:

Emp. Phone:

Employer Address:

Admitting Dr.: Gamble, Troy MD

Code: 1148

Attending Dr.: Gamble, Troy MD

Code: 1148

MRSA:

Accident Location:

Accident Code:

Accident Dt/Tm:

Diagnosis List:**Procedure List:****Guarantor Information:**

Name: Williams, Delvon L

Phone: (843)387-9400

Address: CO FCI WILLIAMSBURG 8301 US HWY 521 Salters, SC 29590

DOB: 08/09/1981

Gender: Male

Relationship: Self

Occupation:

Employer:

Emp. Phone:

Employer Address:

Nearest Relative:

Name: Fci Williamsburg

Relationship: Other Relationship

Phone: (843)387-9400

Work Phone:

Ext:

Address: 8301 US HWY 521 Salters, SC 29590

Insurance Information:

COB: 1 Insurance Name: UNDEFINED PLAN

Phone:

Mail Claim To: Seven Corners- Prison Division

Address: Bureau Of Prisons Division PO Box 3384 Carmel, IN 460823384

Authorization:

Policy: 60442-018

Group:

Payor ID:

Subscriber: Williams, Delvon L

Relationship: Self

Phone:

Address:

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556 843-355-8628

Viewed/Printed on:

05/17/2018 09:33

Page 1 of 5

Medical Record

Visit No.: 21027386

Williamsburg Regional Hospital

WILLIAMS, DELVON L

	Most Recent			Oldest		Reference Range
	Thu 05/17/18 05:30	Wed 05/16/18 06:26	Tue 05/15/18 06:13	Mon 05/14/18 14:36	Mon 05/14/18 14:15	
(Continued) Collected/Performed: 05/17/2018 05:30-05/14/2018 14:15						
ALT (SGPT)					26	14-54 U/L
AST (SGOT)					25	15-41 U/L
Ordering Provider					p3	
Specimen Information					sl1	
Released Date/Time					05/14/2018 14:53	
Magnesium					2.0	1.6-2.6 mg/dL
Ordering Provider					p3	
Specimen Information					sl1	
Released Date/Time					05/14/2018 14:53	
Vitamin B12					165.0 LO	180.0-914.0 pg/mL
Ordering Provider					p1	
Specimen Information					sl1	
Released Date/Time					05/14/2018 17:24	
Phenytoin (Dilantin)	16.8	21.1 HI	24.4 HI		35.4 1 CR	10.0-20.0 ug/mL
Ordering Provider	p1	p2	p1		p3	
Specimen Information	sl1	sl1	sl1		sl1	
Released Date/Time	05/17/2018 06:22	05/16/2018 07:40	05/15/2018 06:42		05/14/2018 15:03	
Valproic Acid (Depakene)		44.2 LO			25.7 LO	50.0-100.0 ug/mL
Ordering Provider		p2			p3	
Specimen Information		sl1			sl1	
Released Date/Time		05/16/2018 07:40			05/14/2018 15:03	
FOLATE					11.2	5.9-15.0 ng/mL
Ordering Provider					p1	
Specimen Information					sl1	
Released Date/Time					05/14/2018 17:24	
Laboratory — Hematology						
CBC Auto Diff						
WBC		3.5 LO			4.2 LO	4.5-13.5 10 ³ /uL
RBC		4.89			5.32	4.27-5.49 10 ⁶ /uL
Hemoglobin		13.9			15.0	12.0-16.0 g/dL
Hematocrit		39.7			43.6	36.0-50.0 %
MCV		81.2			82.0	79.8-94.8 fL
MCH		28.5			28.2	26.8-33.2 pg
MCHC		35.1			34.4	33.5-35.4 g/dL
RDW-CV		13.6			13.5	12.0-15.1 %
Platelet Count		131 LO			157 LO	165-353 10 ³ /uL

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556 843-885-9969

Viewed/Printed on:
05/17/2018 09:33

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EX 28 C

Medical Record

Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

	Most Recent		Oldest			Reference Range
	Thu 05/17/18 05:30	Wed 05/16/18 06:26	Tue 05/15/18 06:13	Mon 05/14/18 14:36	Mon 05/14/18 14:15	
(Continued) Collected/Performed: 05/17/2018 05:30-05/14/2018 14:15						
MPV		9.5			9.3	7.5-10.6 fL
Neutrophils, %		44.1			51.1	43.3-71.9 %
Lymphocytes, %		44.0 HI			37.3	16.8-43.5 %
Monocytes, %		10.4			10.1	4.6-12.4 %
Eosinophils, %		1.2			0.7	0.7-7.8 %
Basophils, %		0.3			0.8	0.2-1.1 %
Neutrophils, Absolute		1.6 LO			2.1	1.9-7.2 10 ³ /uL
Lymphocytes, Absolute		1.6			1.6	1.1-2.7 10 ³ /uL
Monocytes, Absolute		0.4			0.4	0.3-0.8 10 ³ /uL
Eosinophils, Absolute		0.0			0.0	0.0-0.5 10 ³ /uL
Basophils, Absolute		0.0			0.0	0.0-0.1 10 ³ /uL
Ordering Provider		p2			p3	
Specimen Information		sl1			sl1	
Released Date/Time		05/16/2018 07:22			05/14/2018 14:37	
Laboratory — Urinalysis						
UA reflex micro						
Urine Source				Note 1		
Urine Color				Yellow		
**Released Date/Time				05/14/2018 16:57		
Urine Clarity				Clear		Clear
**Released Date/Time				05/14/2018 16:57		
Glucose, UA				Negative		Negative mg/dL
**Released Date/Time				05/14/2018 16:57		
Bilirubin, UA				Negative		Negative mg/dL
**Released Date/Time				05/14/2018 16:57		
Ketones, UA				Negative		Negative mg/dL
**Released Date/Time				05/14/2018 16:57		
Spec Grav, UA				1.020		rel H2O
**Released Date/Time				05/14/2018 16:57		
pH, UA				6.0		5.0 - 9.0 [pH]
**Released Date/Time				05/14/2018 16:57		
Protein, UA				Negative		Negative mg/dL
**Released Date/Time				05/14/2018 16:57		
Urobilinogen, UA				0.2		0 - 2.0 mg/dL

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556 XXX-XXX-XXXX

Viewed/Printed on:
05/17/2018 09:33

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Medical Record

Visit No.: 21027386

Williamsburg Regional Hospital
WILLIAMS, DELVON L

	Most Recent		Oldest		Reference Range
	Thu 05/17/18 05:30	Wed 05/16/18 06:26	Tue 05/15/18 06:13	Mon 05/14/18 14:36	Mon 05/14/18 14:15
(Continued) Collected/Performed: 05/17/2018 05:30-05/14/2018 14:15					
**Released Date/Time				05/14/2018 16:57	
Nitrite, UA				Negative	Negative
**Released Date/Time				05/14/2018 16:57	
Blood, UA				Negative	Negative cells/uL
**Released Date/Time				05/14/2018 16:57	
Leukocytes, UA				Negative	Negative cells/uL
**Released Date/Time				05/14/2018 16:57	
Ordering Provider				p3	
Specimen Information				si2	
Released Date/Time				05/14/2018 16:51	
**Released Date/Time: Test(s) released at a different time than the other tests on the panel.					
Provider(s):					
p1 : Gamble, Troy MD					
p3 : KEITH, EDWARD MD					
p2 : Smith, Charlie MD					
Specimen Information si1:					
Type: Blood specimen (specimen)					
Specimen Information si2:					
Type: Urine specimen (specimen)					
Note 1:					
Clean Catch Urine					
Comment 1:					
Called to and read back by:					
hope					
By: 9GOWDY 2018-05-14 15:04					

End of Report for WILLIAMS, DELVON L

***Note:** The following sections are not included in this report : Miscellaneous Documents , Vaccine Administration Record , Medication Record of Activity , Chartings , Physician Notes , Reconciliation History , Problems/Plans of Care , Patient Notes , Orders , Flowsheets , Images , Scanned Documents

Visit No.: 21027386

WILLIAMS, DELVON L

Williamsburg Regional Hospital, 500 Nelson Blvd, Kingstree, SC 29556-6400

Viewed/Printed on:
05/17/2018 09:33

Page 5 of 5

EX 28-E

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Davis, Christopher	Facility: WIL
Encounter Date: 05/14/2018 10:49		Unit: E03

Mid Level Provider - Follow up Visit encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Davis, Christopher APRN/FNP-C

Chief Complaint: NEUROLOGY

Subjective: F/U ataxia. Ongoing for 1 week now. reports medzine has not really helped any

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
05/14/2018	10:48 WIL	98.2	36.8		Davis, Christopher APRN/FNP-C

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/14/2018	10:48 WIL	67			Davis, Christopher APRN/FNP-

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/14/2018	10:48 WIL	20	Davis, Christopher APRN/FNP-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/14/2018	10:48 WIL	138/90				Davis, Christopher APRN/FNP-

Comments

Allergy list reviewed

Normal heart and lung sounds

Ataxic gait. Denies illicit drugs.

Failed Romberg test

Seen with CD and agreement made to send to ER for possible head CT. Spoke with Dr Keith at WRH who was given report.

ASSESSMENT:

Other peripheral vertigo, H81399 - Current

PLAN:

New Consultation Requests:

<u>Consultation/Procedure</u>	<u>Target Date</u>	<u>Scheduled Target Date</u>	<u>Priority</u>	<u>Translator</u>	<u>Language</u>
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Inmate Name: WILLIAMS, DELVON LAMAR	Reg #: 60442-018
Date of Birth: 08/09/1981	Sex: M Race: BLACK Facility: WIL
Encounter Date: 05/14/2018 10:49	Provider: Davis, Christopher Unit: E03

Emergency Room	05/14/2018	05/14/2018	Emergent	No
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Subtype:

Emergency Room

Reason for Request:

Inmate with 1 week ataxia. Request ER eval to rule out significant brain injury.

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:Date Initiated Format

05/14/2018 Counseling

Handout/Topic

Access to Care

Provider

Davis, Christopher

OutcomeVerbalizes
Understanding

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Davis, Christopher APRN/FNP-C on 05/14/2018 10:53

Ex 29-B

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	05/15/2018 07:59	Facility:	WIL
		Unit:	E03
		Provider:	Truesdale, T. RN

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Truesdale, T. RN

Called WRH and spoke with Kristin, RN. Inmate admitted for elevated Dilantin of 35.4. Today it is 24.4. Dilantin stopped and Keppra started. Inmate also has Gingival Hyperplasia and low Valporic acid of 25.7.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Truesdale, T. RN on 05/15/2018 08:10

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

EX 304

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/15/2018 07:59	Provider:	Truesdale, T. RN
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 05/15/2018 09:45.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	05/16/2018 12:43	Facility:	WIL
		Provider:	McClary, M. RN IOP/IDC
		Unit:	E03

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: McClary, M. RN IOP/IDC

Dilantin level still elevated. Has started on Keppra. To check early am. If Levels therapeutic , possible discharge.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by McClary, M. RN IOP/IDC on 05/16/2018 12:45

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

Ex 31-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/16/2018 12:43	Provider:	McClary, M. RN IOP/IDC
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 05/16/2018 13:45.

— Williamsburg Regional Hospital
Kingstree, SC
500 Nelson Blvd.
Kingstree, SC 29556
Phone (843) 555-6666

Patient's Name: Delvon Williams
Address _____
Date 5-17-18

Rx	LABEL ALL Rx's	MG or CC	#	SIG	REFILL
	Levetiracetam	500mg/5ml		1 1/2 tsp bid	—
	Valproate	250mg/5ml		3 tsp bid	—
	Meclizine	25mg	30	→ tid	—



TOTAL
Rx's

18657

Patented Printing of Lane City, SC - (843) 374-2908

JAMES I THOMAS, M.D.
DISPENSE AS WRITTEN
DEA# 7963603

M.D.

James I Thomas M.D.

SUBSTITUTION PERMITTED
SC Lic#

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	05/17/2018 10:00	Facility:	WIL
		Provider:	McClary, M. RN IOP/IDC
		Unit:	E03

Admin Note - Community Hospital Report encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** McClary, M. RN IOP/IDC

To be discharged today. Dilantin level wnl. Discharge instructions to be sent with officer.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by McClary, M. RN IOP/IDC on 05/17/2018 15:13

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

Ex 34-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/17/2018 10:00	Provider:	McClary, M. RN IOP/IDC
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 05/18/2018 06:38.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M	Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Davis, Christopher	Facility: WIL	Unit: E03
Encounter Date: 05/17/2018 11:54			

Mid Level Provider - Medical Trip Return encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Davis, Christopher APRN/FNP-C

Chief Complaint: NEUROLOGY

Subjective: Returns from hospital after ataxia sec to Dilantin toxicity. Inmate reports that he feels better. Educated on new meds and pill line. Verbalized understanding.

Pain: Allergy list reviewed
No

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
05/17/2018	11:53 WIL	72			Davis, Christopher APRN/FNP-

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
05/17/2018	11:53 WIL	18	Davis, Christopher APRN/FNP-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
05/17/2018	11:53 WIL	110/74				Davis, Christopher APRN/FNP-

Exam Comments

Slightly altered gait, but significantly improved, says that he feels much better.

ASSESSMENT:

Toxic effect of unspecified substance, undetermined, T6594XS - Current - *Dilantin toxicity*

PLAN:

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
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Inmate Name: WILLIAMS, DELVON LAMAR
 Date of Birth: 08/09/1981
 Encounter Date: 05/17/2018 11:54

Sex: M Race: BLACK
 Provider: Davis, Christopher

Reg #: 60442-018
 Facility: WIL
 Unit: E03

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	levETIRAcetam oral soln 100 MG/ML	05/17/2018 11:54	100 mg/ml Orally - Two Times a Day x 365 day(s) Pill Line Only -- 15 ml BID

Indication: Seizure disorder, other convulsions

Renew Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
116904-WIL	Valproic Acid Syrup 50 MG/ML, 480 ML	05/17/2018 11:54	Take 15 ml by mouth twice daily - Pill Line only x 365 day(s) Pill Line Only

Indication: Seizure disorder, other convulsions

117008-WIL	Meclizine HCl 25 MG Tab	05/17/2018 11:54	Take one tablet (25 MG) by mouth three times daily for 7 days x 7 day(s)
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Indication: Other peripheral vertigo, Dizziness and giddiness

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
117006-WIL	Phenytoin Oral Susp 125 MG/5ML, 237ML	05/17/2018 11:54	Take 9ml by mouth twice daily ***self carry***

Discontinue Type: When Pharmacy Processes

Discontinue Reason: discontinue

Indication:

117007-WIL	Valproic Acid Syrup 50 MG/ML, 480 ML	05/17/2018 11:54	Take 15ml by mouth twice daily ***self carry***
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Discontinue Type: When Pharmacy Processes

Discontinue Reason: discontinue

Indication:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-L-Levetiracetam	One Time	05/31/2018 00:00	Routine

Lab Tests-V-Valproic Acid, Total

Additional Information:

please send to local lab and BOP lab

Labs requested to be reviewed by: Hoey, Stephen D.O./CD

Disposition:

Follow-up at Sick Call as Needed

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
05/17/2018	Counseling	Access to Care	Davis, Christopher	Verbalizes Understanding

Inmate Name: WILLIAMS, DELVON LAMAR

Date of Birth: 08/09/1981

Encounter Date: 05/17/2018 11:54

Sex: M Race: BLACK

Provider: Davis, Christopher

Reg #: 60442-018

Facility: WIL

Unit: E03

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes By: Hoey, Stephen D.O./CD

Telephone or Verbal order read back and verified.

Completed by Davis, Christopher APRN/FNP-C on 05/17/2018 12:00

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/17/2018 11:54	Provider:	Davis, Christopher
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 05/17/2018 12:03.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
		Race:	BLACK
Note Date:	05/17/2018 21:15	Facility:	WIL
		Unit:	E03
		Provider:	Borck, T. RN

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Borck, T. RN

Mother called institution requesting to speak with medical.

States he son was speaking out of sorts on the telephone.

Unit officer was called, officer states inmate up walking around now and using telephone.

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Borck, T. RN on 05/17/2018 21:17

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

Ex 36-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	05/17/2018 21:15	Race:	BLACK
		Provider:	Borck, T. RN
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 05/18/2018 06:07.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M	Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Truesdale, T. RN	Facility: WIL	Unit: D04
Encounter Date: 06/01/2018 07:25			

Nursing - Sick Call Note encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Truesdale, T. RN

Chief Complaint: Other Problem

Subjective: Wants medication refilled

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
06/01/2018	08:48 WIL	98.1	36.7		Truesdale, T. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/01/2018	08:48 WIL	74			Truesdale, T. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
06/01/2018	08:48 WIL	16	Truesdale, T. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/01/2018	08:48 WIL	120/81				Truesdale, T. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
06/01/2018	08:48 WIL	100		Truesdale, T. RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

ASSESSMENT:

No Significant Findings/No Apparent Distress

Inmate said he would like to get put back on the meclizine because "I felt good when I take it". Inmate also says he feels better since taking new seizure medication. Inmate says he did not feel the side effects of his seizure medications as much when he was taking the meclizine. Discussed proper use of meclizine and explained to inmate that it is not for long term use. Inmate able to walk in straight line without difficulty. Discussed inmate with MD for orders. Inmate will be placed on the call out to be seen.

PLAN:

Schedule:

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M	Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Truesdale, T. RN	Facility: WIL	Unit: D04
Encounter Date: 06/01/2018 07:25			

Activity**Date Scheduled****Scheduled Provider**

Sick Call/Triage

06/01/2018 00:00 MLP 01

Disposition:

Follow-up at Sick Call as Needed
 To be Evaluated by Provider
 Discharged to Housing Unit-No Restrictions
 Notify Medical Duty Officer
 Notify PA Duty Officer

Patient Education Topics:**Date Initiated Format****Handout/Topic****Provider****Outcome**

06/01/2018 Counseling

Compliance - Treatment

Truesdale, T.

Verbalizes

06/01/2018 Counseling

Access to Care

Truesdale, T.

Understanding

Verbalizes

Understanding

Copay Required: No**Cosign Required:** Yes**Telephone/Verbal Order:** No

Completed by Truesdale, T. RN on 06/01/2018 09:12

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

Requested to be reviewed by Davis, Christopher APRN/FNP-C.

Review documentation will be displayed on the following page.

FX 37-B

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	06/01/2018 07:25	Provider:	Truesdale, T. RN
		Race:	BLACK
		Facility:	WIL

Reviewed by Davis, Christopher APRN/FNP-C on 06/01/2018 13:09.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	06/01/2018 07:25	Race:	BLACK
		Provider:	Truesdale, T. RN
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 06/01/2018 09:36.

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Harrell, Holly PA-C	Facility: WIL
Encounter Date: 06/11/2018 08:36		Unit: D04

Mid Level Provider - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 Provider: Harrell, Holly PA-C

Chief Complaint: Other Problem

Subjective: Inmate is called over to health services due to the pharmacy tech reporting that he was dizzy at pill line this morning. He kept saying the same thing over and over about his medication. During his visit today he denies dizziness, headaches, N/V, or difficulty walking.

Pain: He does ramble on during the visit about his medical records and seeing Dr. Hoey.
Not Applicable

OBJECTIVE:

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
06/11/2018	08:37 WIL	83			Harrell, Holly PA-C

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
06/11/2018	08:37 WIL	134/90				Harrell, Holly PA-C

Exam:

General

Affect

Yes: Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

No: Appears Distressed

ASSESSMENT:

Seizure disorder, other convulsions, 780.39 - Current

PLAN:

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests-L-Levetiracetam	One Time	06/11/2018 00:00	Today
Lab Tests-C-CBC			
Lab Tests-V-Valproic Acid, Total			
Lab Tests-C-Comprehensive Metabolic Profile (CMP)			

Labs requested to be reviewed by: Hoey, Stephen D.O./CD

Lab personnel verbally notified of a priority order of Today or Stat

Other:

Labs will be ordered and sent out today. He will follow up tomorrow for evaluation.

Inmate Name: WILLIAMS, DELVON LAMAR

Date of Birth: 08/09/1981

Encounter Date: 06/11/2018 08:36

Sex: M Race: BLACK

Provider: Harrell, Holly PA-C

Reg #: 60442-018

Facility: WIL

Unit: D04

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
06/11/2018	Counseling	Plan of Care	Harrell, Holly	Verbalizes Understanding
06/11/2018	Counseling	Access to Care	Harrell, Holly	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: No

Completed by Harrell, Holly PA-C on 06/11/2018 08:41

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	06/11/2018 08:36	Race:	BLACK
		Provider:	Harrell, Holly PA-C
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 06/11/2018 09:49.

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name: WILLIAMS, DELVON LAMAR		Reg #: 60442-018
Date of Birth: 08/09/1981	Sex: M Race: BLACK	Facility: WIL
Note Date: 06/12/2018 07:59	Provider: Hoey, Stephen D.O./CD	Unit: E01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 Provider: Hoey, Stephen D.O./CD

Adjust valproate dosage;

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Valproic Acid Syrup 250MG/5ML	06/12/2018 07:59	12 mL; 600 mg Orally - Two Times a Day x 180 day(s)

Indication: Seizure disorder, other convulsions

Start Now: Yes

Night Stock Rx#:

Source: Sub Stock Location

Admin Method: Self Administration

Stop Date: 12/09/2018 07:58

MAR Label: 12 mL; 600 mg Orally - Two Times a Day x 180 day(s)

One Time Dose Given: No

Discontinued Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
117189-WIL	Valproic Acid Syrup 50 MG/ML, 480 ML	06/12/2018 07:59	Take 15 ml by mouth twice daily - - Pill Line only

Discontinue Type: When Pharmacy Processes

Discontinue Reason: new order written

Indication:

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Hoey, Stephen D.O./CD on 06/12/2018 08:03

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	06/25/2018 12:20	Facility:	WIL
		Unit:	E01
		Provider:	Brown, Darlene AHSA

Admin Note - Chart Review encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1

Provider: Brown, Darlene AHSA

Requests to staff response to: lab results and to be taken off of pill line. Inmate was schedule for 6/25/2018 at 1200, he did not come. He was a no show.

Copay Required: No

Cosign Required: No

Telephone/Verbal Order: No

Completed by Brown, Darlene AHSA on 06/25/2018 12:22

See Amendment

EX 40-A

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	07/02/2018 11:08	Facility:	WIL
		Unit:	E01

Admin Note - General Administrative Note encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Truesdale, T. RN

Inmate is still rinsing his medication cups out during pill line time until there is no possible medication left in cup. Inmate has been told repeatedly that does of liquid meds equate a residual in cup. By rinsing out his cup repeatedly and drinking may be the cause of him receiving an increased level of medication.

Copay Required: No **Cosign Required:** Yes

Telephone/Verbal Order: No

Completed by Truesdale, T. RN on 07/02/2018 11:12

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

Ex 41-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	07/02/2018 11:08	Provider:	Truesdale, T. RN
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 07/02/2018 11:43.

Darlene Brown - Fwd: *Request to Staff*** WILLIAMS, DELVON, Reg# 60442018, WIL-E-A**

From: WIL/InmateToAWPrograms
To: Brown, Darlene
Date: 7/3/2018 9:49 AM
Subject: Fwd: ***Request to Staff*** WILLIAMS, DELVON, Reg# 60442018, WIL-E-A

What kind of information is redacted?

>>> ~^!"WILLIAMS, ~^!DELVON LAMAR" <60442018@inmatemessage.com> 7/2/2018 10:37 AM >>>
To: AW
Inmate Work Assignment: Hvac1

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

3e8a2f2a-6e41-4380-b465-86197cc24140

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

FINALLY HAVE MY RECORDS!! Now do some of my records suppose to be blacked out so I can't see them?

7/3/18

Yes sir, there are certain item which have to be
blacked out per policy.

Thanks DC Brown AUSA
D. Brown AUSA
FCI Williamsburg, SC

From: ^I"WILLIAMS, ^IDELVON LAMAR" <60442018@inmatemessage.com>
To:
Date: 7/10/2018 12:35 PM
Subject: ***Request to Staff*** WILLIAMS, DELVON, Reg# 60442018, WIL-E-A

To: Dr.Hoey
Inmate Work Assignment: Hvac1

ATTENTION

Please cut and paste the message indicator below into the subject line; only this indicator can be in the subject line.

ead6243c-5f18-4aa6-ae91-98b9a57ab08e

Your response must come from the departmental mail box. Responses from personal mailboxes WILL NOT be delivered to the inmate.

Inmate Message Below

I'm steady having seizures had 1 this am in mainline on the 10th of July

*you are scheduled
for lab work
and a visit.*

*If seizures or
Symptoms worsen -
need to report
to sick call*

*H. Harrell
7/12/18*

H. HARRELL, PA
FCI/FPC WILLIAMSBURG

EX 43

**Bureau of Prisons
Health Services
Inmate Intra-system Transfer**

Reg #: 60442-018

Inmate Name: WILLIAMS, DELVON LAMAR

SENSITIVE BUT UNCLASSIFIED – This information is confidential and must be appropriately safeguarded.

Transfer To: FCI BEC

Transfer Date: 07/13/2018

Health Problems

<u>Health Problem</u>	<u>Status</u>
Seizure disorder, other convulsions	Current
Cannabis Use Disorder, Severe	Current
Stimulant Related Disorders: Severe: Cocaine	Current
Impacted cerumen	Current
Other peripheral vertigo	Current
He still has mild vertigo Increase his meclizine to 25 mg BID	
Dizziness and giddiness	Current
labyrinthitis	
Toxic effect of unspecified substance, undetermined	Current
Dilantin toxicity	
Foreign body in other or multiple sites	Remission
Disturbances in tooth eruption	Remission

Medications: All medications to be continued until evaluated by a physician unless otherwise indicated.
Bolded drugs required for transport.

levETIRAcetam Oral Solution 100 MG/ML Exp: 05/18/2019 SIG: take 15 mL by mouth twice daily ***pill line***
 pill line

Valproic Acid Syrup 50 MG/ML, 480 ML Exp: 12/09/2018 SIG: take 12mL by mouth twice daily ***pill line***
 pill line

OTCs: Listing of all known OTCs this inmate is currently taking.

None

Pending Appointments

<u>Date</u>	<u>Time</u>	<u>Activity</u>	<u>Provider</u>
08/24/2018	00:00	Chronic Care Visit	Physician 01
09/22/2018	00:00	PPD Administration	Nurse

TB Clearance: Yes

Last PPD Date: 09/22/2017

Induration: 0mm

Last Chest X-Ray Date: _____

Results: _____

TB Treatment: _____

Sx free for 30 days: Yes

TB Follow-up Recommended: No

Sickle Cell:

Sickle Cell Trait/Disease: No

Limitations/Restrictions/Diets:

Cell: on first floor, lower bunk --- 06/11/2019

Cleared for Food Service: Yes

Sedentary Work Only --- 08/11/2018

Comments:**Allergies**

No Known Allergies

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	07/10/2018 07:00	Provider:	Mims, Nicole H. RN
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 07/11/2018 14:47.

Williamsburg Regional Hospital

500 Nelson Boulevard, Kingstree, SC 29556

(ph)843-355-0143 (fax)843-355-0114

Medical Director: Dr. Kenneth Reis CLIA #42D0251871

Patient: **WILLIAMS, DELVON L**

DOB: 08/09/1981 Age: 36 years Sex: M

Med Rec #: 117360 Account #: 21030710

Admit Date: 07/12/18

Location: RLAB Room: Bed:

Admit Physician: HOEY, STEPHEN

Order Physician: HOEY, STEPHEN

Collected: 07/12/18 @ 09:00 RN

Accn: 180712145

Test	Flag	Result	Reference Range/Units	Result Date/Time
------	------	--------	-----------------------	------------------

HEMATOLOGY**CBC w/ Auto Differential**

WBC	LO	3.4	4.5 - 13.5 $10^3/uL$	07/12/18 12:28 SPAPPA
RBC		5.21	4.27 - 5.49 $10^6/uL$	07/12/18 12:28 SPAPPA
Hemoglobin		14.7	12.0 - 16.0 g/dL	07/12/18 12:28 SPAPPA
Hematocrit		44.2	36.0 - 50.0 %	07/12/18 12:28 SPAPPA
MCV		84.9	79.8 - 94.8 fL	07/12/18 12:28 SPAPPA
MCH		28.2	26.8 - 33.2 pg	07/12/18 12:28 SPAPPA
MCHC	LO	33.2	33.5 - 35.4 g/dL	07/12/18 12:28 SPAPPA
RDW-CV		13.1	12.0 - 15.1 %	07/12/18 12:28 SPAPPA
Platelet Count	LO	129	165 - 353 $10^3/uL$	07/12/18 12:28 SPAPPA
MPV	HI	10.8	7.5 - 10.6 fL	07/12/18 12:28 SPAPPA
Automated Differential				
Neutrophils, %	LO	41.6	43.3 - 71.9 %	07/12/18 12:28 SPAPPA
Lymphocytes, %		39.9	16.8 - 43.5 %	07/12/18 12:28 SPAPPA
Monocytes, %	HI	15.7	4.6 - 12.4 %	07/12/18 12:28 SPAPPA
Eosinophils, %		2.4	0.7 - 7.8 %	07/12/18 12:28 SPAPPA
Basophils, %		0.4	0.2 - 1.1 %	07/12/18 12:28 SPAPPA
Neutrophils, Absolute	LO	1.4	1.9 - 7.2 $10^3/uL$	07/12/18 12:28 SPAPPA
Lymphocytes, Absolute		1.3	1.1 - 2.7 $10^3/uL$	07/12/18 12:28 SPAPPA
Monocytes, Absolute		0.5	0.3 - 0.8 $10^3/uL$	07/12/18 12:28 SPAPPA
Eosinophils, Absolute		0.1	0.0 - 0.5 $10^3/uL$	07/12/18 12:28 SPAPPA
Basophils, Absolute		0.0	0.0 - 0.1 $10^3/uL$	07/12/18 12:28 SPAPPA

CHEMISTRY**Hepatic Panel (LFP)**

Total Protein		7.8	6.8 - 8.1 g/dL	07/12/18 12:41 SPAPPA
Albumin		3.9	3.5 - 5.0 g/dL	07/12/18 12:41 SPAPPA
Globulin		3.9	1.9 - 4.2 g/dL	07/12/18 12:41 SPAPPA
Alb/Glob Ratio	LO	1.0	1.1 - 2.1 [ratio]	07/12/18 12:41 SPAPPA
Bilirubin, Total		0.5	0.2 - 1.2 mg/dL	07/12/18 12:41 SPAPPA
Bilirubin, Direct		<0.2	0.1 - 0.5 mg/dL	07/12/18 12:41 SPAPPA
Alkaline Phosphatase		54	32 - 91 U/L	07/12/18 12:41 SPAPPA
ALT (SGPT)		19	14 - 54 U/L	07/12/18 12:41 SPAPPA
AST (SGOT)		26	15 - 41 U/L	07/12/18 12:41 SPAPPA
Valproic Acid (Depakene)		87.8	50.0 - 100.0 ug/mL	07/12/18 12:41 SPAPPA

Legend

High = HI Low = LO Critical = CR Abnormal = AB Extreme = XT

WILLIAMS, DELVON L

Location: RLAB

Printed: 07/12/2018 @ 12:42

Page: 1 of 1

DOCTOR COPY - FINAL

Ex 45-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	07/12/2018 14:39	Provider:	Lab Result Receive
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 07/12/2018 22:25.

Williamsburg Regional Hospital

500 Nelson Boulevard, Kingstree, SC 29556

(ph)843-355-0143 (fax)843-355-0114

Medical Director: Dr. Kenneth Reis CLIA #42D0251871

Patient: WILLIAMS, DELVON L

DOB: 08/09/1981 Age: 36 years Sex: M

Med Rec #: 117360 Account #: 21031062

Admit Date: 07/19/18

Location: RLAB Room: Bed:

Admit Physician: HOEY, STEPHEN

Order Physician: HOEY, STEPHEN

Collected: 07/19/18 @ 11:43 RN

Accn: 180719147

Test	Flag	Result	Reference Range/Units	Result Date/Time
------	------	--------	-----------------------	------------------

HEMATOLOGY

CBC w/ Auto Differential

WBC	LO	3.9	4.5 - 13.5 10 ³ /uL	07/19/18 12:17 STRIPPED
RBC		5.28	4.27 - 5.49 10 ⁶ /uL	07/19/18 12:17 STRIPPED
Hemoglobin		14.7	12.0 - 16.0 g/dL	07/19/18 12:17 STRIPPED
Hematocrit		44.5	36.0 - 50.0 %	07/19/18 12:17 STRIPPED
MCV		84.4	79.8 - 94.8 fL	07/19/18 12:17 STRIPPED
MCH		27.9	26.8 - 33.2 pg	07/19/18 12:17 STRIPPED
MCHC	LO	33.0	33.5 - 35.4 g/dL	07/19/18 12:17 STRIPPED
RDW-CV		12.9	12.0 - 15.1 %	07/19/18 12:17 STRIPPED
Platelet Count	LO	143	165 - 353 10 ³ /uL	07/19/18 12:17 STRIPPED
MPV	HI	10.7	7.5 - 10.6 fL	07/19/18 12:17 STRIPPED

Automated Differential

Neutrophils, %	LO	37.6	43.3 - 71.9 %	07/19/18 12:17 STRIPPED
Lymphocytes, %	HI	47.2	16.8 - 43.5 %	07/19/18 12:17 STRIPPED
Monocytes, %		11.5	4.6 - 12.4 %	07/19/18 12:17 STRIPPED
Eosinophils, %		3.4	0.7 - 7.8 %	07/19/18 12:17 STRIPPED
Basophils, %		0.3	0.2 - 1.1 %	07/19/18 12:17 STRIPPED
Neutrophils, Absolute	LO	1.5	1.9 - 7.2 10 ³ /uL	07/19/18 12:17 STRIPPED
Lymphocytes, Absolute		1.8	1.1 - 2.7 10 ³ /uL	07/19/18 12:17 STRIPPED
Monocytes, Absolute		0.4	0.3 - 0.8 10 ³ /uL	07/19/18 12:17 STRIPPED
Eosinophils, Absolute		0.1	0.0 - 0.5 10 ³ /uL	07/19/18 12:17 STRIPPED
Basophils, Absolute		0.0	0.0 - 0.1 10 ³ /uL	07/19/18 12:17 STRIPPED

CHEMISTRY

Hepatic Panel (LFP)

Total Protein		7.1	6.8 - 8.1 g/dL	07/19/18 12:36 JHILL
Albumin		3.6	3.5 - 5.0 g/dL	07/19/18 12:36 JHILL
Globulin		3.5	1.9 - 4.2 g/dL	07/19/18 12:36 JHILL
Alb/Glob Ratio	LO	1.0	1.1 - 2.1 [ratio]	07/19/18 12:36 JHILL
Bilirubin, Total		<0.3	0.2 - 1.2 mg/dL	07/19/18 12:36 JHILL
Bilirubin, Direct		<0.2	0.1 - 0.5 mg/dL	07/19/18 12:36 JHILL
Alkaline Phosphatase		50	32 - 91 U/L	07/19/18 12:36 JHILL
ALT (SGPT)		21	14 - 54 U/L	07/19/18 12:36 JHILL
AST (SGOT)		22	15 - 41 U/L	07/19/18 12:36 JHILL
Valproic Acid (Depakene)		51.7	50.0 - 100.0 ug/mL	07/19/18 12:36 JHILL

Legend

High = HI Low = LO Critical = CR Abnormal = AB Extreme = XT

WILLIAMS, DELVON L

Location: RLAB

Printed: 07/19/2018 @ 12:39

Page: 1 of 1

DOCTOR COPY - FINAL

Ex 46

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M	Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Truesdale, T. RN	Facility: WIL	Unit: E01
Encounter Date: 07/28/2018 09:19			

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Truesdale, T. RN

Chief Complaint: Other Problem

Subjective: Inmate has no complaint. Inmate showed up to medical twice this morning to pick up his medication.

Pain: No

OBJECTIVE:

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

ASSESSMENT:

Other

Inmate showed up for a second time this morning to receive his medication. Inmate told that I already gave him his medication. Inmate told me that he had not been here. He said, "I still need my meds". Inmate able to answer all other questions appropriately. Called MD. Discussed inmates behavior. Received orders.

Called inmate back to medical. Officer said inmate was in his cell sleeping. Inmate ambulated to medical with a steady gait. Inmate did not remember coming to medical twice this morning. Inmate answered all other questions appropriately. Inmate then started to discuss the dentist and wanted to see dental today. Inmate told that today is Saturday. Inmate said, "Why am I at sick call then?". Labs drawn and sent to WRH. Inmate ambulated back to unit. Discussed inmate with MD, Unit officer and LT. Inmate is being observed by staff.

PLAN:

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes **By:** Hoey, Stephen D.O./CD

Telephone or Verbal order read back and verified.

Completed by Truesdale, T. RN on 07/28/2018 09:21

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

EX 47-A

**Bureau of Prisons
Health Services
Clinical Encounter**

Inmate Name: WILLIAMS, DELVON LAMAR	Sex: M Race: BLACK	Reg #: 60442-018
Date of Birth: 08/09/1981	Provider: Truesdale, T. RN	Facility: WIL
Encounter Date: 07/28/2018 07:55		Unit: E01

Nursing - Evaluation encounter performed at Health Services.

SUBJECTIVE:

COMPLAINT 1 **Provider:** Truesdale, T. RN

Chief Complaint: Other Problem

Subjective: Inmate has no complaint. Inmate showed up to medical twice this morning to pick up his medication.

Pain: No

OBJECTIVE:

Temperature:

<u>Date</u>	<u>Time</u>	<u>Fahrenheit</u>	<u>Celsius</u>	<u>Location</u>	<u>Provider</u>
07/28/2018	09:13 WIL	98.1	36.7		Truesdale, T. RN

Pulse:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Location</u>	<u>Rhythm</u>	<u>Provider</u>
07/28/2018	09:13 WIL	84			Truesdale, T. RN

Respirations:

<u>Date</u>	<u>Time</u>	<u>Rate Per Minute</u>	<u>Provider</u>
07/28/2018	09:13 WIL	20	Truesdale, T. RN

Blood Pressure:

<u>Date</u>	<u>Time</u>	<u>Value</u>	<u>Location</u>	<u>Position</u>	<u>Cuff Size</u>	<u>Provider</u>
07/28/2018	09:13 WIL	131/84				Truesdale, T. RN

SaO2:

<u>Date</u>	<u>Time</u>	<u>Value(%)</u>	<u>Air</u>	<u>Provider</u>
07/28/2018	09:13 WIL	97		Truesdale, T. RN

Exam:

General

Affect

Yes: Pleasant, Cooperative

Appearance

Yes: Appears Well, Alert and Oriented x 3

Neurologic

Cranial Nerves (CN)

Yes: Within Normal Limits

ASSESSMENT:

Other

Inmate showed up for a second time this morning to receive his medication. Inmate told that I already gave him his medication. Inmate told me that he had not been here. He said, "I still need my meds". Inmate able to answer all other questions appropriately. Called MD. Discussed inmates behavior. Received orders.

Called inmate back to medical. Officer said inmate was in his cell sleeping. Inmate ambulated to medical with a steady

Inmate Name: WILLIAMS, DELVON LAMAR	Reg #: 60442-018
Date of Birth: 08/09/1981	Sex: M Race: BLACK Facility: WIL
Encounter Date: 07/28/2018 07:55	Provider: Truesdale, T. RN Unit: E01

gate. Inmate did not remember coming to medical twice this morning. Inmate answered all other questions appropriately. Inmate then started to discuss the dentist and wanted to see dental today. Inmate told that today is Saturday. Inmate said, "Why am I at sick call then?". Discussed inmate with MD, Unit officer and LT. Inmate is being observed by staff.

PLAN:**New Medication Orders:**

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Valproic Acid Syrup 250MG/5ML	07/28/2018 07:55	10 ml Orally One Time Dose Given PRN x 0 day(s) Pill Line Only

Start Now: Yes

Night Stock Rx#:

Source: Sub Stock Location

Admin Method: Pill Line

Stop Date: 07/28/2018 09:00

MAR Label: 10 ml Orally One Time Dose Given PRN x 0 day(s) Pill Line Only

One Time Dose Given: Given Now

New Laboratory Requests:

<u>Details</u>	<u>Frequency</u>	<u>Due Date</u>	<u>Priority</u>
Lab Tests - Short List-General-CBC w/diff	One Time	07/29/2018 00:00	Routine
Lab Tests-L-Levetiracetam			
Lab Tests - Short List-General-Hepatic Profile			
Lab Tests-V-Valproic Acid, Total			

Disposition:

To be Evaluated by Provider
Return Immediately if Condition Worsens
Discharged to Housing Unit with Restrictions

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/28/2018	Counseling	Access to Care	Truesdale, T.	Verbalizes Understanding
07/28/2018	Counseling	Safety/Injury Prevention	Truesdale, T.	Verbalizes Understanding

Copay Required: No

Cosign Required: Yes

Telephone/Verbal Order: Yes By: Hoey, Stephen D.O./CD

Telephone or Verbal order read back and verified.

Completed by Truesdale, T. RN on 07/28/2018 09:19

Requested to be cosigned by Hoey, Stephen D.O./CD.

Cosign documentation will be displayed on the following page.

47-C

**Bureau of Prisons
Health Services
Clinical Encounter - Administrative Note**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M Race: BLACK
Note Date:	07/28/2018 18:31	Provider:	Truesdale, T. RN
		Facility:	WIL
		Unit:	E01

Admin Note - Orders encounter performed at Health Services.

Administrative Notes:

ADMINISTRATIVE NOTE 1 **Provider:** Truesdale, T. RN

After discussion with MD about lab results. Discussed with inmate at pill line. Inmate is having minimal swelling and redness around left back molar. No drainage present. Orders given by MD.

When inmate arrived at pill line tonight, he asked me if he had a seizure and why I woke him up today. Inmate did not remember our earlier conversation.

New Medication Orders:

<u>Rx#</u>	<u>Medication</u>	<u>Order Date</u>	<u>Prescriber Order</u>
	Amoxicillin Capsule	07/28/2018 18:31	500mg Orally - Two Times a Day x 7 day(s) Pill Line Only
	Start Now: Yes		
	Night Stock Rx#: 113323-wil		
	Source: Night Stock		
	Admin Method: Pill Line		
	Stop Date: 08/04/2018 18:30		
	MAR Label: 500mg Orally - Two Times a Day x 7 day(s) Pill Line Only		
	One Time Dose Given: No		
	Ibuprofen Tablet	07/28/2018 18:31	1 tab Orally - three times a day x 3 day(s)
	Start Now: Yes		
	Night Stock Rx#: 118863-wil		
	Source: Night Stock		
	Admin Method: Self Administration		
	Stop Date: 07/31/2018 18:30		
	MAR Label: day(s)		
	One Time Dose Given: No		

Disposition:

To be Evaluated by Provider
Will Be Placed on Callout
Return Immediately if Condition Worsens
Discharged to Housing Unit with Restrictions
Notify Dental Duty Officer
Notify Medical Duty Officer

Patient Education Topics:

<u>Date Initiated</u>	<u>Format</u>	<u>Handout/Topic</u>	<u>Provider</u>	<u>Outcome</u>
07/28/2018	Counseling	Access to Care	Truesdale, T.	Verbalizes Understanding

47-D

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	07/28/2018 09:19	Provider:	Truesdale, T. RN
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 07/28/2018 14:45.

Williamsburg Regional Hospital

500 Nelson Boulevard, Kingstree, SC 29556

(ph)843-355-0143 (fax)843-355-0114

Medical Director: Dr. Kenneth Reis CLIA #42D0251871

Location: OUT Room: Bed:

Admit Physician: HARRELL, HOLLY L, PA

Order Physician: HARRELL, HOLLY L, PA

Patient: WILLIAMS, DELVON L

DOB: 08/09/1981 Age: 36 years Sex: M

Med Rec #: 117360 Account #: 21031542

Admit Date: 07/28/18

Collected: 07/28/18 @ 10:00 RN

Accn: 180728138

Test

Flag | Result

Reference Range/Units Result Date/Time

HEMATOLOGY

CBC w/ Auto Differential

WBC	7.9			
RBC	4.95	4.5 - 13.5	10 ³ /uL	07/28/18 11:11 SPAPPA
Hemoglobin	13.8	4.27 - 5.49	10 ⁶ /uL	07/28/18 11:11 SPAPPA
Hematocrit	41.2	12.0 - 16.0	g/dL	07/28/18 11:11 SPAPPA
MCV	83.2	36.0 - 50.0	%	07/28/18 11:11 SPAPPA
MCH	27.9	79.8 - 94.8	fL	07/28/18 11:11 SPAPPA
MCHC	33.5	26.8 - 33.2	pg	07/28/18 11:11 SPAPPA
RDW-CV	12.8	33.5 - 35.4	g/dL	07/28/18 11:11 SPAPPA
Platelet Count	LO 123	12.0 - 15.1	%	07/28/18 11:11 SPAPPA
MPV	10.3	165 - 353	10 ³ /uL	07/28/18 11:11 SPAPPA
Automated Differential				
Neutrophils, %	HI 76.6	7.5 - 10.6	fL	07/28/18 11:11 SPAPPA
Lymphocytes, %	LO 8.5			
Monocytes, %	11.5	43.3 - 71.9	%	07/28/18 11:11 SPAPPA
Eosinophils, %	1.5	16.8 - 43.5	%	07/28/18 11:11 SPAPPA
Basophils, %	HI 1.9	4.6 - 12.4	%	07/28/18 11:11 SPAPPA
Neutrophils, Absolute	6.0	0.7 - 7.8	%	07/28/18 11:11 SPAPPA
Lymphocytes, Absolute	LO 0.7	0.2 - 1.1	%	07/28/18 11:11 SPAPPA
Monocytes, Absolute	HI 0.9	1.9 - 7.2	10 ³ /uL	07/28/18 11:11 SPAPPA
Eosinophils, Absolute	0.1	1.1 - 2.7	10 ³ /uL	07/28/18 11:11 SPAPPA
Basophils, Absolute	HI 0.2	0.3 - 0.8	10 ³ /uL	07/28/18 11:11 SPAPPA
		0.0 - 0.5	10 ³ /uL	07/28/18 11:11 SPAPPA
		0.0 - 0.1	10 ³ /uL	07/28/18 11:11 SPAPPA

CHEMISTRY

Hepatic Panel (LFP)

Total Protein	7.4			
Albumin	3.6	6.8 - 8.1	g/dL	07/28/18 11:18 SPAPPA
Globulin	3.8	3.5 - 5.0	g/dL	07/28/18 11:18 SPAPPA
Alb/Glob Ratio	LO 0.9	1.9 - 4.2	g/dL	07/28/18 11:18 SPAPPA
Bilirubin, Total	0.7	1.1 - 2.1	[ratio]	07/28/18 11:18 SPAPPA
Bilirubin, Direct	<0.2	0.2 - 1.2	mg/dL	07/28/18 11:18 SPAPPA
Alkaline Phosphatase	48	0.1 - 0.5	mg/dL	07/28/18 11:18 SPAPPA
ALT (SGPT)	16	32 - 91	U/L	07/28/18 11:18 SPAPPA
AST (SGOT)	21	14 - 54	U/L	07/28/18 11:18 SPAPPA
Valproic Acid (Depakene)	86.3	15 - 41	U/L	07/28/18 11:18 SPAPPA
		50.0 - 100.0	ug/mL	07/28/18 11:18 SPAPPA

Legend

High = HI Low = LO Critical = CR Abnormal = AB Extreme = XT

WILLIAMS, DELVON L

Location: OUT

Printed: 07/28/2018 @ 11:22

Page: 1 of 1

ON DEMAND REPORT

Ex 48-A

**Bureau of Prisons
Health Services
Cosign/Review**

Inmate Name:	WILLIAMS, DELVON LAMAR	Reg #:	60442-018
Date of Birth:	08/09/1981	Sex:	M
Encounter Date:	07/30/2018 14:59	Provider:	Lab Result Receive
		Race:	BLACK
		Facility:	WIL

Cosigned by Hoey, Stephen D.O./CD on 07/30/2018 15:21.

Complex: SCH--SCHUYLKILL FCI
Inmate: WILLIAMS, DELVON LAMAR

Begin Date: 10/24/2017
Reg #: 60442-018

End Date: 08/10/2018
Quarter: A01-109L

Active Prescriptions

Phenytoin Oral Susp 125 MG/5ML, 237ML

take 8.5mL by mouth twice daily ***pill line*** ***pill line***

Rx#: 111627-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 09/19/17 **Exp:** 03/18/18 **D/C:** 02/02/18 **Pharmacy Dispensings:** 2380 ML in 819 days

Phenytoin Oral Susp 125 MG/5ML, 237ML

take 8.5mL by mouth twice daily ***self carry***

Rx#: 114619-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 02/02/18 **Exp:** 02/02/19 **D/C:** 03/03/18 **Pharmacy Dispensings:** 510 ML in 683 days

Phenytoin Oral Susp 125 MG/5ML, 237ML

Take 8.5ML (212.5MG) by mouth twice daily ***pill line*** ***pill line***

Rx#: 115336-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 03/05/18 **Exp:** 04/04/18 **D/C:** 03/06/18 **Pharmacy Dispensings:** 0 ML in 652 days

Phenytoin Oral Susp 125 MG/5ML, 237ML

take 8.5mL by mouth twice daily ***self carry***

Rx#: 115363-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 03/06/18 **Exp:** 03/06/19 **D/C:** 04/03/18 **Pharmacy Dispensings:** 747 ML in 651 days

Phenytoin Oral Susp 125 MG/5ML, 237ML

9 ml by mouth twice daily

Rx#: 116082-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 04/03/18 **Exp:** 04/03/19 **D/C:** 05/07/18 **Pharmacy Dispensings:** 711 ML in 623 days

Phenytoin Oral Susp 125 MG/5ML, 237ML

9 ml by mouth twice daily ***pill line***

Rx#: 116882-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 05/25/18 **Exp:** 05/25/19 **D/C:** 05/08/18 **Pharmacy Dispensings:** 0 ML in 571 days

Phenytoin Oral Susp 125 MG/5ML, 237ML

Take 9ml by mouth twice daily -- Pill Line only ***pill line***

Rx#: 116903-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 05/08/18 **Exp:** 05/08/19 **D/C:** 05/09/18 **Pharmacy Dispensings:** 0 ML in 588 days

Phenytoin Oral Susp 125 MG/5ML, 237ML

Take 9ml by mouth twice daily ***self carry***

Rx#: 117006-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 05/09/18 **Exp:** 05/09/19 **D/C:** 05/18/18 **Pharmacy Dispensings:** 540 ML in 587 days

Valproic Acid Syrup 50 MG/ML, 480 ML

take 8.5mL by mouth twice daily ***pill line*** ***pill line***

Rx#: 112183-WIL **Doctor:** Hoey, Stephen D.O./CD

Ex 49-A

**Bureau of Prisons
Health Services
Medication Summary
Historical**

Complex: SCH--SCHUYLKILL FCI	Begin Date: 10/24/2017	End Date: 08/10/2018
Inmate: WILLIAMS, DELVON LAMAR	Reg #: 60442-018	Quarter: A01-109L

Medications listed reflect prescribed medications from the begin date to end date on this report.

Allergies: Denied

Active Prescriptions

Amoxicillin 500 MG Cap

[NIGHT STOCK] Take one capsule (500 MG) by mouth twice daily for 7 days ***pill line*** ***pill line***

Rx#: 113323-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 07/28/18 **Exp:** 08/04/18

Pharmacy Dispensings: 14 CAP in 507 days

Amoxicillin 500 MG Cap

TAKE 1 CAPSULE 3 TIMES A DAY

Rx#: 116680-WIL **Doctor:** Selbe, D. DDS

Start: 04/27/18 **Exp:** 05/07/18

Pharmacy Dispensings: 30 CAP in 599 days

Ibuprofen 800 MG Tab

** Dental ** Take one tablet (800 MG) by mouth three times daily with food / milk as needed for pain

Rx#: 116345-WIL **Doctor:** Selbe, D. DDS

Start: 04/27/18 **Exp:** 05/04/18

Pharmacy Dispensings: 18 TAB in 599 days

Ibuprofen 800 MG Tab

** NIGHT STOCK ** Take one tablet (800 MG) by mouth three times daily with food as needed for pain

Rx#: 118863-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 07/28/18 **Exp:** 07/31/18

Pharmacy Dispensings: 9 TAB in 507 days

levETIRAcetam Oral Solution 100 MG/ML, 473 ml

take 15 mL by mouth twice daily ***pill line*** ***pill line***

Rx#: 117201-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 05/18/18 **Exp:** 05/18/19 **D/C:** 08/10/18

Pharmacy Dispensings: 2700 ml in 578 days

Meclizine HCl 25 MG Tab

Take one tablet (25 MG) by mouth three times daily for 7 days

Rx#: 117008-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 05/09/18 **Exp:** 05/16/18

Pharmacy Dispensings: 21 TAB in 587 days

Meclizine HCl 25 MG Tab

Take one tablet (25 MG) by mouth three times daily for 7 days

Rx#: 117190-WIL **Doctor:** Hoey, Stephen D.O./CD

Start: 05/18/18 **Exp:** 05/25/18

Pharmacy Dispensings: 21 TAB in 578 days

Delvon Williams 60442-018
 Federal Correctional Institution
 P.O. Schuylkill
 P.O. Box 759
 Minersville, PA 17954-0759

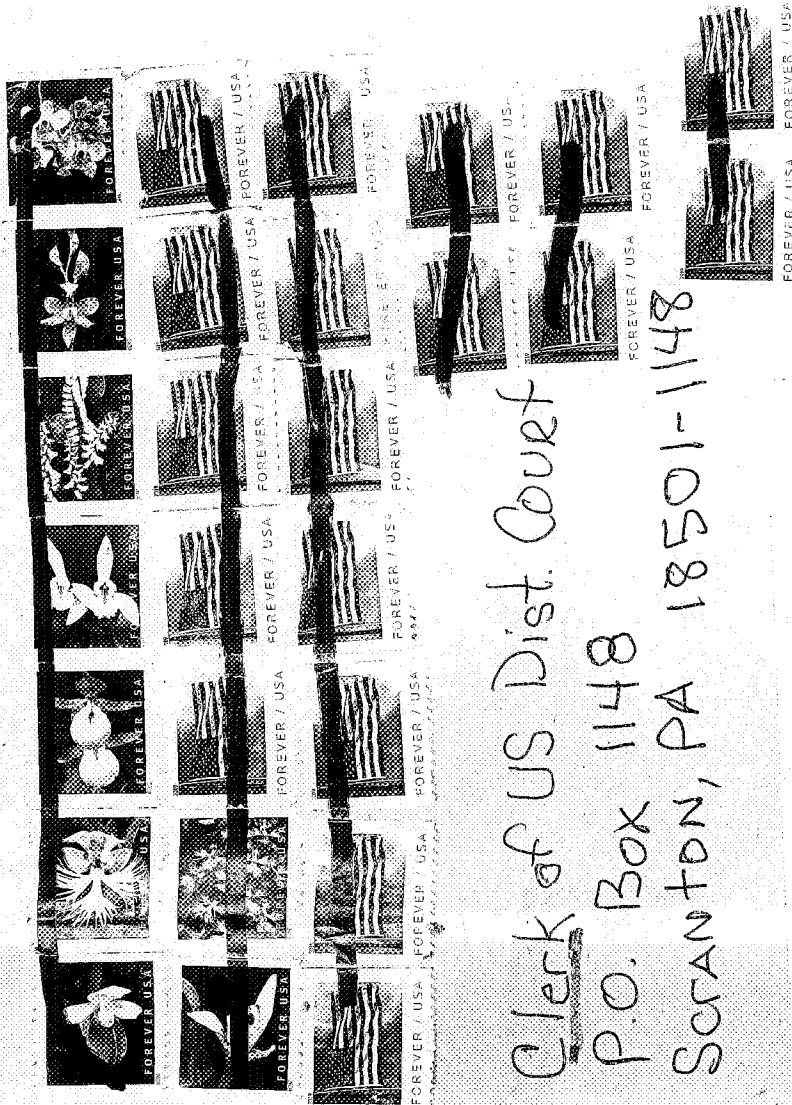
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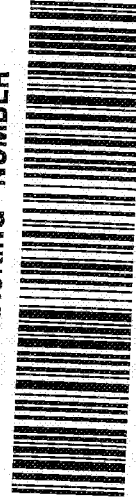


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EXPECTED DELIVERY DAY: 05/04/20
USPS TRACKING® NUMBER



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